Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main

Document Page 1 of 54

| Fill in this information to identify your case: |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the :        |   |                                    |
| NORTHERN District of ILLINOIS (State)           |   |                                    |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:            | Identify Yourself   |                             |   |
|--------------------|---|-----------------------------|---|
|                    |   | About Debtor 1:             | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your f          | full name   |                             |   |
| govern<br>identifi | he name that is on your<br>iment-issued picture<br>cation (for example,<br>river's license or | Orlando First name Tramelle | First name                                    |
| passpo             |   | Middle name                 | Middle name                                   |
| identifi           | our picture cation to your meeting e trustee.   | Ray Last name               | Last name                                     |
|                    |   | Suffix (Sr., Jr., II, III)  | Suffix (Sr., Jr., II, III)                    |
| 2. All otl         | her names you   |                             |   |
| have years         | used in the last 8  | First name                  | First name                                    |
|                    | e your married or<br>n names.   | Middle name                 | Middle name                                   |
|                    |   | Last name                   | Last name                                     |
|                    |   | First name                  | First name                                    |
|                    |   | Middle name                 | Middle name                                   |
|                    |   | Last name                   | Last name                                     |
| your \$            | the last 4 digits of<br>Social Security   | xxx - xx - <u>4833</u>      | XXX - XX                                      |
| Individ            | er or federal<br>lual Taxpayer<br>ication number  | OR                          | OR  |
| iueiilii           | ication number  | <b>9</b> xx - xx            | <b>9</b> xx - xx                              |

Case 17-29521 Doc 1 Entered 10/02/17 16:56:12 Desc Main Filed 10/02/17 Page 2 of 54

Document Tramelle Orlando Debtor 1 Case Number (if known) Last Name

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in | I have not used any business names or EINs.   | I have not used any business names or EINs.   |
|    | the last 8 years   | Business name   | Business name   |
|    | Include trade names and doing business as names  | Business name   | Business name   |
|    |  | EIN   | EIN   |
|    |  | EIN   | EIN   |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:   |
|    |  | 1895 Faxon Drive Number Street  | Number Street   |
|    |  | Montgomery IL 60538 City State ZIP Code   | City State ZIP Code   |
|    |  | KANE<br>County  | County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |  | Number Street   | Number Street   |
|    |  | P.O. Box  | P.O. Box  |
|    |  | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing   | Check one:  | Check one:  |
|    | this district to file for bankruptcy.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|    |  | have another reason. Explain. (See 28 U.S.C. § 1408   | ☐I have another reason. Explain.<br>(See 28 U.S.C. § 1408   |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |

Debtor 1

Orlando Tramelle

Document Ray Page 3 of 54

Case Number (if known)

| Pa  | Tell the Court About You  | ır Bankruptcy Case   |
|-----|---|--|
| 7.  | The chapter of the<br>Bankruptcy Code you   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  |
|     | are choosing to file<br>under   | Chapter 7  |
|     | under   | ☐ Chapter 11   |
|     |   | ☐ Chapter 12   |
|     |   | ☐ Chapter 13   |
| 8.  | How you will pay the fee  | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.   |
|     |   | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  |
|     |   | I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. |
| 9.  | Have you filed for bankruptcy within the last 8 years?                            | ■ No  Yes. District None When Case Number  |
|     | iasi o years:   | ☐ Yes. District None When Case Number MM / DD / YYYY   |
|     |   | None   |
|     |   | District None When Case Number MM / DD / YYYY  |
|     |   | District When Case Number  |
|     |   | MM / DD / YYYY   |
| 10. | Are any bankruptcy cases pending or being   | ■ No   |
|     | filed by a spouse who is  | ☐ Yes. Debtor Relationship to you  |
|     | not filing this case with<br>you, or by a business<br>parter, or by<br>affiliate? | District When Case Number, if known<br>MM / DD / YYYY  |
|     |   | Debtor Relationship to you   |
|     |   | District When Case Number, if known  |
| 11. | Do you rent your residence?   | ■ No. Go to line 12 □ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your   |
|     |   | residence?   |
|     |   | ☐ No. Go to line 12. ☐ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.  |

| Debtor 1 | Orlando    | Tramelle    | Ray       | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| 12. |   |                 |   |                                     |                |
|-----|---|-----------------|---|-------------------------------------|----------------|
|     | Are you a sole proprietor of any full- or part-time business?   | ■ No.<br>□ Yes. | Go to Part 4.<br>Name and location of business                                |                                     |                |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as  |                 | Name of business, if any  |                                     |                |
|     | a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition.  |                 | Number Street   |                                     |                |
|     | ·   |                 | City  |                                     | State Zip Code |
|     |   |                 | Check the appropriate box to desc   | cribe your business:                |                |
|     |   |                 | ☐ Health Care Business (as de   | fined in 11 U.S.C. § 101(27A))      |                |
|     |   |                 | ☐ Single Asset Real Estate (as  | defined in 11 U.S.C. § 101(51B))    |                |
|     |   |                 | ☐ Stockbroker (as defined in 1  | 1 U.S.C. § 101(53A))                |                |
|     |   |                 | ☐ Commodity Broker (as define   | ed in 11 U.S.C. § 101(6))           |                |
|     |   |                 | ☐ None of the above   |                                     |                |
|     | For a definition of small business debtor, see 11 U.S.C. § 101(51D).  | ☐ No. I         | ne Bankruptcy Code.<br>am filing under Chapter 11 and I a<br>Bankruptcy Code. | n NOT a small business debtor accor | -              |
| Pa  | rt 4: Report if You Own or Hav  | ∕e Any Hazard   | ous Property or Any Property That N   | eds Immediate Attention             |                |
|     |   | -               |   |                                     |                |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and   | No.             | Vhat is the hazard?   |                                     |                |
| 14. | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>indentifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs   | ■ No.           |   | ny is it needed?                    |                |
| 14. | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>indentifiable hazard to<br>public health or safety?<br>Or do you own any  | ■ No.           |   |                                     |                |
| 14. | property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ■ No.           |   |                                     |                |
| 14. | property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ■ No.           | If immediate attention is needed, w   | ny is it needed?                    |                |

Orlando Debtor 1

Tramelle

Document

Page 5 of 54

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ☐I ar | m not required | to rec  | eive a  | briefing | about |
|-------|----------------|---------|---------|----------|-------|
| cre   | dit counseling | g becai | use of: |          |       |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou | ιt |
|--|----|
| credit counseling because of:                |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Orlando Debtor 1

Tramelle

Document Ray

Page 6 of 54

| No.   State that you over the property is excluded and authority that funds will be available to distribution to unsecured creditors?   14.9   1.000-5.000   1.000-10.000 | Debtor 1                         | Orlando  | Tramelle Ray   |   | Case Number (if known)   |   |
|--|----------------------------------|--|--|---|--|---|
| 18. What kind of debts do you have?  18. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  18. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  19. Are your filling under Chapter 7.  19. It am not filling under Chapter 7. Go to line 16.  19. It am not filling under Chapter 7. Go to line 18.  19. It am filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  19. How many creditors do you estimate that at you ows?  19. How many creditors do you estimate that you ows?  19. How much do you estimate that you ows?  19. How much do you estimate that you ows?  19. How much do your assets to be \$0.099   |                                  | First Name   | Middle Name Last Na  | ime   |  |   |
| 18. What kind of debts do you have?  18. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  18. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  19. Are your filling under Chapter 7.  19. It am not filling under Chapter 7. Go to line 16.  19. It am not filling under Chapter 7. Go to line 18.  19. It am filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  19. How many creditors do you estimate that at you ows?  19. How many creditors do you estimate that you ows?  19. How much do you estimate that you ows?  19. How much do you estimate that you ows?  19. How much do your assets to be \$0.099   |                                  |  |  |   |  |   |
| as "incurred by an individual primarily for a personal, family, or household purpose."    No. Go to line 16.   No. Go to line 18.   No. Go to line 19.   | Part 6:                          | Answer These Question  | s for Reporting Purposes   |   |  |   |
| No.   Tam not timing under Chapter 7. Go to line 18.   |                                  |  | as "incurred by an individual No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primar money for a business or in No. Go to line 16c.  Yes. Go to line 17. | ual primarily for a personal, fami rily business debts? Busines investment or through the operat  | illy, or household purpose."  ss debts are debts that you incution of the business or investm                              | curred to obtain  |
| Pys. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?    No.   No.     No.  |                                  | •  | No. I am not filing under  | r Chapter 7. Go to line 18.   |  |   |
| you estimate that you owe?   50-99   5.001-10,000   50,001-100,000   More than 100,000   | Do<br>ar<br>ex<br>ac<br>ar<br>av | o you estimate that after<br>ny exempt property is<br>xcluded and<br>dministrative expenses<br>re paid that funds will be<br>vailable for distribution | administrative expe  | •   |  |   |
| estimate your assets to be worth?    \$50,001-\$100,000  | yo                               | ou estimate that you   | ☐ 50-99<br>☐ 100-199   | 5,001-10,000  | 50   | 0,001-100,000   |
| estimate your liabilities to be?  \$50,001-\$100,000 \$10,000,001-\$50 million \$10,000,001-\$10 million \$10,000,001-\$10 million \$10,000,001-\$10 million \$10,000,001-\$10 million \$10,000,001-\$50 million \$10,000,001-\$50 million More than \$50 million  Part 7:  Sign Below  I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  | es                               | stimate your assets to   | \$50,001-\$100,000<br>\$100,001-\$500,000  | \$10,000,001-\$50<br>\$50,000,001-\$10  | 0 million  | 1,000,000,001-\$10 billion<br>10,000,000,001-\$50 billion |
| For you  I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.   | es                               | stimate your liabilities   | \$50,001-\$100,000<br>\$100,001-\$500,000  | \$10,000,001-\$50<br>\$50,000,001-\$10  | 0 million  | 1,000,000,001-\$10 billion<br>10,000,000,001-\$50 billion |
| For you  correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.   | Part 7:                          | Sign Below   |  |   |  |   |
| this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.   | For yo                           | u  | correct.  If I have chosen to file under Ch of title 11, United States Code. under Chapter 7.  | hapter 7, I am aware that I may I understand the relief available   | proceed, if eligible, under Cha<br>e under each chapter, and I cho   | apter 7, 11,12, or 13<br>oose to proceed                  |
| 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |                                  |  | I request relief in accordance w I understand making a false sta with a bankruptcy case can res  | and read the notice required by<br>with the chapter of title 11, United<br>atement, concealing property, or<br>bult in fines up to \$250,000, or im | <ul> <li>11 U.S.C. § 342(b).</li> <li>d States Code, specified in this</li> <li>r obtaining money or property b</li> </ul> | s petition.<br>by fraud in connection                     |
| ★ /s/ Orlando Tramelle Ray     Signature of Debtor 1      Executed on 10/02/2017   |                                  |  | Signature of Debtor 1  Executed on10/02/20   | 017   | Signature of Debto   |   |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 7 of 54

Debtor 1 Orlando Tramelle Ray Case Number (if known) \_\_\_\_\_\_

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Alex Wilson                        | Date        | Date:   | 10/02/2017 |
|--|-------------|---------|------------|
| Signature of Attorney for Debtor         |             | MM / DI | O / YYYY   |
| Alex Wilson                              |             |         |            |
| Printed name                             |             |         |            |
| Geraci Law L.L.C.                        |             |         |            |
| Firm name                                |             |         |            |
| 55 E. Monroe St., #3400                  |             |         |            |
| Number Street                            |             |         |            |
|  |             |         |            |
|  |             |         |            |
| Chicago                                  | IL          | 6060    | 3          |
|  | IL<br>State |         | Gode       |
| Chicago City  Contact Phone 312-332-1800 |             | ZIP     |            |
| City 242 222 4000                        | State       | ZIP     | Code       |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Page 8 of 54 Document

| Fill in this in           | nformation to identi | fy your case:                     |                     |
|---------------------------|----------------------|-----------------------------------|---------------------|
| Debtor 1                  | Orlando              | Tramelle                          | Ray                 |
|                           | First Name           | Middle Name                       | Last Name           |
| Debtor 2                  |                      |                                   |                     |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name           |
| United States Case Number |                      | the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |
| (If known)                |                      |                                   |                     |
|                           |                      |                                   |                     |

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1                | e Your Assets  |   |
|-----------------------|--|---|
| _                     |  | <b>Your assets</b><br>Value of what you own |
|                       | erty (Official Form 106A/B)<br>tal real estate, from <i>Schedule A/B</i>   | \$ 240,000                                  |
| 1b. Copy line 62, To  | tal personal property, from Schedule A/B   | \$ 4,705                                    |
| 1c. Copy line 63, To  | tal of all property on <i>Schedule A/B</i>   | \$ 244,705                                  |
| Part 2: Summariz      | e Your Liabilities   |   |
|                       |  | Your liabilities<br>Amount you owe          |
|                       | ors Who Have Claims Secured by Property (Official Form 106D) but listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$214,347                                   |
|                       | itors Who Have Unsecured Claims (Official Form 106E/F) aims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                             | \$0   |
| 3b. Copy the total cl | aims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$26,138                                    |
|                       |  |   |
| Part 3: Summariz      | e Your Liabilities   |   |
|                       | come (Official Form 106I) and monthly income from line 12 of Schedule I  | \$3,121.35                                  |
|                       | penses (Official Form 106J) expenses from line 22c of <i>Schedule J</i>  | \$3,081.00                                  |

Document Orlando Tramelle Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name

| Part 4:        | Answer These Questions for Administrative and Statistical Records   |             |  |  |  |  |  |  |
|----------------|---|-------------|--|--|--|--|--|--|
| No.            | Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes   |             |  |  |  |  |  |  |
| You fam        | What kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |             |  |  |  |  |  |  |
|                | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$4,329.50  |             |  |  |  |  |  |  |
| 9. Copy th     | ne following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :  | Total claim |  |  |  |  |  |  |
| From           | Part 4 of Schedule E/F, copy the following:   |             |  |  |  |  |  |  |
| 9a. Dor        | nestic support obligations (Copy line 6a.)  | \$_0.00     |  |  |  |  |  |  |
| 9b. Tax        | es and certain other debts you owe the government. (Copy line 6b.)  | \$_0.00     |  |  |  |  |  |  |
| 9c. Clai       | ms for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$_0.00     |  |  |  |  |  |  |
| 9d. Stu        | dent loans. (Copy line 6f.)   | \$_0.00     |  |  |  |  |  |  |
|                | igations arising out of a separation agreement or divorce that you did not report as claims. (Copy line 6g.)  | \$_0.00     |  |  |  |  |  |  |
| 9f. Deb        | ots to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$_0.00     |  |  |  |  |  |  |
| 9g. <b>Tot</b> | al. Add lines 9a through 9f.  | \$_0.00     |  |  |  |  |  |  |

|                     | nformation to identify your           | case and this filing  |   | 10/02/17 16:56:12<br>of 54       | Desc Main  |
|---------------------|---------------------------------------|-----------------------|---|----------------------------------|--|
| Debtor 1            | Orlando                               | Tramelle              | Ray   |                                  |  |
|                     | First Name                            | Middle Name           | Last Name   |                                  |  |
| Debtor 2            | First Name                            | Middle Name           | Last Name   |                                  |  |
| (Spouse, if filing) | First Name                            | Middle Name           | Last Name   |                                  |  |
| United States       | s Bankruptcy Court for the : <u>N</u> | IORTHERN District     | of <u>ILLINOIS</u><br>(State)   |                                  |  |
| Case Number         | er                                    |                       |   |                                  | Check if this is an  |
|                     | 400A/D                                |                       |   |                                  | amended filing   |
| <u>TICIAI F</u>     | Form 106A/B                           |                       |   |                                  |  |
| hedul               | le A/B: Propert                       | У                     |   |                                  | 12/15  |
| No.                 |                                       | uitable interest in a | ny residence, building, land, or similar pro  | perty?                           |  |
| Yes.                | Describe                              |                       | What is the property? Check all that apply.   |                                  |  |
| 1895 Fax            | xon Drive                             |                       | Single-family home  | the amount of                    | secured claims or exemptions. Put any secured claims on <i>Schedule D</i> :              |
|                     | ress, if available, or other descri   | ption                 | Duplex or multi-unit building   | Creditors Who                    | Have Claims Secured by Property  |
|                     |                                       |                       | Condominium or cooperative  | Current value                    |  |
|                     |                                       |                       | Manufactured or mobile home   | entire proper                    | ty? portion you own?   |
|                     |                                       | _ 60538               | Land  | <b>s</b> 2                       | 40,000.00 <b>\$</b> 120,000.00   |
| Montgom             |                                       | <del></del> -         | 듬   | <u> </u>                         | · · · · · · · · · · · · · · · · · · ·  |
| Montgom<br>City     | Sta                                   | te ZIP Code           | Investment property   | <b>*</b>                         |  |
| City                |                                       | te ZIP Code           | Timeshare   |                                  | nature of your ownership   |
|                     |                                       | te ZIP Code           | Timeshare Other   | interest (suc                    | nature of your ownership<br>h as fee simple, tenancy by<br>, or a life estat), if known. |
| City                |                                       | te ZIP Code           | Timeshare Other Who has an interest in the property? Check                            | interest (suc                    | n as fee simple, tenancy by  |
| City                |                                       | te ZIP Code           | Timeshare Other   | interest (suc                    | n as fee simple, tenancy by  |
| City                |                                       | te ZIP Code           | Timeshare Other Who has an interest in the property? Chec                             | interest (suct<br>the entireties | h as fee simple, tenancy by , or a life estat), if known.  this is a community property  |
| City                |                                       | te ZIP Code           | Timeshare Other Who has an interest in the property? Chec Debtor 1 only Debtor 2 only | interest (suct                   | h as fee simple, tenancy by , or a life estat), if known.  this is a community property  |

Official Form 106A/B Record # 753077 Schedule A/B: Property Page 1 of 7

\$120,000.00

2. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

you have attached for Part 1. Write that number here .....->

First Name

Filed 10/02/17

Entered 10/02/17 16:56:12 Page 11 of 54 Humber (if known)

Desc Main

| 5.114    | Orlando | Case 17-29521<br>Tramelle | DOC T | Lilen 1 |
|----------|---------|---------------------------|-------|---------|
| Debtor 1 | Onando  | Hamelle                   |       | rçay₀   |

Middle Name

Document Last Name

| Part 2:   | Describe Your Ve                   | hicles  |  |  |  |
|-----------|------------------------------------|---|--|--|--|
| Do vou o  | wn. lease. or have led             | aal or equitable interest in  | any vehicles, whether they are registered or not? Include a  | nv vehicles                              |  |
| -         |                                    |   | llso report it on Schedule G: Executory Contracts and Unexp  | •  |  |
| _         |                                    | s, sport utility vehicles, mo   | otorcycles   |  |  |
|           | No.                                |   |  |  |  |
|           | Yes. Describe Make:                | Buick   | Who has an interest in the property? Check one.  | Do not deduct secured of                 | claims or exemptions. Put  |
|           | Model:                             | Roadmaster  | Debtor 1 only  | the amount of any secur                  | red claims on Schedule D:  |
|           |                                    | 1992  | Debtor 2 only  |  | ims Secured by Property  |
|           | Year:                              |   | Debtor 1 and Debtor 2 only   | Current value of the<br>entire property? | Current value of the portion you own?  |
|           | Approximate Milea                  | age: <u>140,000</u>   | At least one of the debtors and another  |  |  |
|           | Other information:                 | :   |  | \$500.0                                  | 00 \$500.00  |
|           | 1992 Buick Road                    | master with over  | Check if this is community property (see instructions)   |  |  |
|           | 140,000 miles.                     |   |  |  |  |
|           | Make:                              | Chrysler  | Who has an interest in the property? Check one.  | B  | Live and the B.  |
|           | Model:                             | Pacifica  | Debtor 1 only  | the amount of any secur                  | claims or exemptions. Put red claims on Schedule D: nims Secured by Property |
|           | Year:                              | 2005  | Debtor 2 only  | Current value of the                     | Current value of the   |
|           | Approximate Milea                  | 170,000   | Debtor 1 and Debtor 2 only   | entire property?                         | portion you own?   |
|           | Other information:                 |   | At least one of the debtors and another  | ¢ 1,500.0                                | 00 • 1,500.00  |
|           |                                    |   | Check if this is community property (see   | Ψ  | Ψ  |
|           | 2005 Chrysler Pa<br>170,000 miles. | acifica with over   | instructions)  |  |  |
|           |                                    |   |  |  |  |
| Exar      |                                    |   | ecreational vehicles, other vehicles, and accessories givessels, snowmobiles, motorcycle accessories |  |  |
|           |                                    | portion you own for all of y  | our entries fro Part 2, including any entries for pages  |  | \$ 2,000.00  |
| you ha    | ave attached for Part              | 2. Write that number here   |  | ->                                       | \$ 2,000.00  |
| Part 3:   | Describe Your Pe                   | rsonal and Household Items  |  |  |  |
| Do νου ο  | own or have any legal              | or equitable interest in any  | v of the following items?  |  | Current value of the   |
|           | o u, .egu.                         |   | , e. m. concoming nome:  |  | portion you own?   |
|           |                                    |   |  |  | Do not deduct secured claims or exemptions                                   |
|           | sehold goods and furr              | •   |  |  |  |
| Exar      | nples: Major appliances, f<br>No.  | furniture, linens, china, kitchenw  | vare   |  |  |
|           | Yes. Describe                      |   |  |  |  |
|           |                                    | Furniture, linens, small applia   | nces, table & chairs, bedroom set  | \$1,000                                  | 4 000 00   |
| 07. Elect | ronics                             |   |  |  | \$ <u>1,000.0</u> 0  |
|           |                                    |   | digital equipment; computers, printers, scanners; music  |  |  |
| Colle     | No.                                | including cell phones, cameras  | s, media players, games  |  |  |
|           | Yes. Describe                      |   |  |  |  |
|           |                                    | Flat screen TV, computer, prin  | nter, music collection, cell phone   | \$350                                    | \$ 350.00  |
| 08. Colle | ectibles of value                  |   |  |  | <del>-</del>   |
|           |                                    | ines; paintings, prints, or other a collections; other collections; other collections, me | artwork; books, pictures, or other art objects;<br>emorabilia, collectibles                          |  |  |
|           | No.                                |   |  |  |  |
|           | Yes. Describe                      |   |  |  | e 000  |
|           |                                    |   |  |  | \$0 <u>.0</u> 0  |

 $\underset{Orlando}{\mathsf{Case}} \ \mathsf{17-29521} \quad \mathsf{Doc} \ \mathsf{1}$ 

Filed 10/02/17 Entered 10/02/17 16:56:12

Discreption Page 12 of 54 Pumber (if known) Desc Main Middle Name

| 09. | Equipment                          | for sports and                             | obbies   |   |       |                      |   |                  |
|-----|------------------------------------|--|--|---|-------|----------------------|---|------------------|
|     |                                    | Sports, photograpl<br>; carpentry tools; r | <ul> <li>exercise, and other hobby equipment; bicycles, pocusical instruments</li> </ul>                           | ol tables, golf clubs, skis; canoes       |       |                      |   |                  |
|     | Yes.                               | Describe                                   |  |   |       |                      | \$  | 0.00             |
| 10. | Examples: No.                      | Pistols, rifles, shot                      | uns, ammunition, and related equipment   |   |       |                      |   |                  |
|     | Yes.                               | Describe                                   |  |   |       |                      | \$  | 0.00             |
| 11. | Clothes Examples:                  | Everyday clothes,                          | rs, leather coats, designer wear, shoes, accessories   |   |       |                      |   |                  |
|     | Yes.                               | Describe                                   | Everyday clothing and accessories  |   | \$300 |                      | \$  | 300.00           |
| 12. | Jewelry Examples: gold, silver No. | Everyday jewelry,                          | ostume jewelry, engagement rings, wedding rings, hei   | irloom jewelry, watches, gems,            |       |                      | -   |                  |
|     | Yes.                               | Describe                                   | Wedding band   |   | \$50  |                      | \$  | 50.00            |
| 13. | Non-farm a Examples:               | <b>inimals</b><br>Dogs, cats, birds, l     | orses  |   |       |                      | · <u></u>   |                  |
|     | Yes.                               | Describe                                   |  |   |       |                      | \$  | 0.00             |
| 14. | Any other  <br>No.                 | personal and he                            | sehold items you did not already list, includ  | ling any health aids you did not list     |       |                      |   |                  |
|     | Yes.                               | Describe                                   |  |   |       |                      | \$  | 0.00             |
| 15. |                                    |  | f your entries from Part 3, including any entr<br>r here   |   |       |                      |   | \$1,700.00       |
|     | Part 4:                            | escribe Your Fir                           | ncial Assets   |   |       |                      |   |                  |
| Do  | you own or                         | have any legal                             | or equitable interest in any of the following?   |   |       | <b>portio</b> Do not | nt value of<br>on you own<br>deduct secu<br>nptions | ?                |
| 16. | Cash<br>Examples: No.              |  | our wallet, in your home, in a safe deposit box, and c   | on hand when you file your petition       |       |                      |   |                  |
|     | Yes.                               | Describe                                   |  |   |       |                      | \$  | 0.00             |
| 17. |                                    | Checking, savings                          | or other financial accounts; certificates of deposit; sha<br>you have multiple accounts with the same institution, |   |       |                      |   |                  |
|     | Yes.                               | Describe                                   | Account Type: Institution na Checking Account Kane C Checking Account Chase  | ame:<br>County Teachers Credit            |       |                      | \$  | 5.00<br>1,000.00 |
| 4.5 | Dand                               | Accel Score 4                              |  |   |       |                      | \$<br>\$  | 1,005.00         |
| 18. |                                    | -  | blicly traded stocks<br>lent accounts with brokerage firms, money market ac  | counts                                    |       |                      |   |                  |
|     | Yes.                               | Describe                                   | nstitution or issuer name:   |   |       |                      | \$  | 0.00             |
| 19. | Non-public<br>No.                  | ly traded stock                            | nd interests in incorporated and unincorpora   | ated businesses, including an interest in |       |                      |   |                  |
|     | Yes.                               | Describe                                   | Name of Entity and Percent of Ownership:   |   |       |                      | •   | 0.00             |

Debtor 1

Case 17-29521

30. Other amounts someone owes you

Describe.....

No. Yes.

Official Form 106A/B

Social Security benefits: unpaid loans you made to someone else

Record # 753077

Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Page 13 of 4 dumber (if known) 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No. Yes. Describe..... Issuer name: 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No. Describe..... Type of account and Institution name: Yes 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications No. Yes. Describe..... Institution name or individual: 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Describe..... Issuer name and description: Yes. 0.00 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. Yes. Describe..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No. Yes. Describe..... 0.00 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No. Yes. Describe..... 0.00 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No. Describe..... 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions 28. Tax refunds owed to you No. Describe..... 0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No. Yes. Describe.....

Schedule A/B: Property

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

0.00

0.00

Page 4 of 7

Debtor 1

Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Page 14 of 4th Market (if known) 31. Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No. Company Name & Beneficiary: Yes Describe..... Kane County Teachers Credit Union - Term Life insurance. No cash surrender value \$0 Life insurance through work 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No. Yes. Describe..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. Yes. Describe..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights No. Yes. Describe..... 0.00 35. Any financial assets you did not already list Describe..... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,005.00 for Part 4. Write that number here .....--> Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Yes. Current value of the portion you own? Do not deduct secured claims or exemptions 38. Accounts receivable or commissions you already earned No. Yes. Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No. Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0.00 41. Inventory No. Yes. Describe..... 0.00 42. Interests in partnerships or joint ventures Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations

No. Yes.

Describe.....

0.00

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Page 15 of 54 Document Page 15 of 54

44. Any business-related property you did not already list Nο Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ..... Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Yes. Describe..... 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed Yes. Describe..... 0.00 51. Any farm- and commercial fishing-related property you did not already list Describe..... Yes 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00 for Part 6. Write that number here ----Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Describe..... Yes. 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... -->

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Page 16 of Filed 10/02/17 Page 16 of Filed 10/02/17 Document Desc Main

| Part 8: List the Totals of Each Part of this Form                |             |               |
|--|-------------|---------------|
| 55. Part 1: Total real estate, line 2                            |             | \$ 120,000.00 |
| 56. Part 2: Total vehicles, line 5                               | \$ 2,000.00 |               |
| 57. Part 3: Total personal and household items, line 15          | \$ 1,700.00 |               |
| 58. Part 4: Total financial assets, line 36                      | \$ 1,005.00 |               |
| 59. Part 5: Total business-related property, line 45             | \$ 0.00     |               |
| 60. Part 6: Total farm- and fishing-related property, line 52    | \$ 0.00     |               |
| 61. Part 7: Total other property not listed, line 54             | \$ 0.00     |               |
| 62. <b>Total personal property.</b> Add lines 56 through 61      | \$ 4,705.00 | \$ 4,705.00   |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 |             | \$124,705.00  |

Page 7 of 7 Official Form 106A/B Record # 753077 Schedule A/B: Property

| Fill in this information to identify your case: |                        |                                    |                 |  |  |  |  |
|---|------------------------|------------------------------------|-----------------|--|--|--|--|
| Debtor 1  | Orlando                | Tramelle                           | Ray             |  |  |  |  |
|   | First Name             | Middle Name                        | Last Name       |  |  |  |  |
| Debtor 2  |                        |                                    |                 |  |  |  |  |
| (Spouse, if filing)                             | First Name             | Middle Name                        | Last Name       |  |  |  |  |
| United States                                   | Bankruptcy Court for t | he : <u>NORTHERN</u> District of _ | ILLINOIS(State) |  |  |  |  |
| Case Number                                     | -                      |                                    | _               |  |  |  |  |
| (If known)                                      |                        |                                    |                 |  |  |  |  |

# Official Form 106C

### **Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 11 Identify the Property You Claim as Exempt  |  |                                      |   |                                    |  |  |  |  |
|--|--|--------------------------------------|---|------------------------------------|--|--|--|--|
| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |  |                                      |   |                                    |  |  |  |  |
| You are clai   | ming state and federal nonbankrupt                               | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                    |  |  |  |  |
| You are clai   | ming federal exemptions. 11 U.S.C.                               | § 522(b)(2)                          |   |                                    |  |  |  |  |
|  |  |                                      |   |                                    |  |  |  |  |
| 2. For any propert   | ty you list on <i>Schedule A/B</i> that yo                       | u claim as exempt, fill in t         | the information below.  |                                    |  |  |  |  |
|  | on of the property and line on that lists this property          | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |  |  |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |  |  |  |  |
| Brief<br>description:  | 1895 Faxon Drive , Montgomery,<br>IL 60538 - Primary Residence   | \$_240,000                           | \$15,000  | 735 ILCS 5/12-901 - \$15,000.00    |  |  |  |  |
| Line from  |  |                                      | 100% of fair market value, up to                                |                                    |  |  |  |  |
| Schedule A/B:  | 01   |                                      | any applicable statutory limit                                  |                                    |  |  |  |  |
| Brief description:   | 1992 Buick Roadmaster with over 140,000 miles.                   | \$_ 500                              | \$  | 735 ILCS 5/12-1001(b) - \$500.00   |  |  |  |  |
| Line from<br>Schedule A/B:   | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief<br>description:  | 2005 Chrysler Pacifica with over 170,000 miles.                  | \$1,500                              | \$_2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00 |  |  |  |  |
| Line from Schedule A/B:  | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief<br>description:  | Furniture, linens, small appliances, table & chairs, bedroom set | \$_ 1,000                            | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$1,000.00 |  |  |  |  |
| Line from<br>Schedule A/B:   | <u>06</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|  |  |                                      |   |                                    |  |  |  |  |
| Official Form 1060   | Record # 753077  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                        |  |  |  |  |
|  |  |                                      |   |                                    |  |  |  |  |

Filed 10/02/17 Case 17-29521 Doc 1

Document Last Name

Entered 10/02/17 16:56:12 Desc Main Page 18 of 54 Case Number (if known)

Debtor 1

Orlando

Tramelle Middle Name

753077

Record #

Official Form 106C

**Additional Page** Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(b) - \$350.00 Brief Flat screen TV, computer, printer, \$ 350 description: music collection, cell phone Line from 100% of fair market value, up to 07 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(a),(e) - \$300.00 Everyday clothing and accessories Brief 300 description: 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit Brief Wedding band 735 ILCS 5/12-1001(b) - \$50.00 \$ 50 description: Line from 100% of fair market value, up to 12 Schedule A/B: any applicable statutory limit Brief Checking Account, Kane County 735 ILCS 5/12-1001(b) - \$5.00 Teachers Credit, 5.00 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit Checking Account, Chase, 735 ILCS 5/12-1001(b) - \$1,000.00 Brief 1,000 1,000.00 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(h)(3) - \$0.00 Brief Kane County Teachers Credit s <sup>0</sup> Union - Term Life insurance. No description: cash surrender value Line from 100% of fair market value, up to 31 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ Yes.

Schedule C: The Property You Claim as Exempt

Page 2 of 2

| Fill in this in   | Caso 17<br>formation to ident                                  |   | oc 1 Filod 10/  | 02/17 Ento              | red 10/02/17<br>9 of 54 | 7 16:56:12   | Desc Main                                    |                                |
|---|--|---|---|-------------------------|-------------------------|--|--|--------------------------------|
| Debtor 1  | Orlando  | Tramel  | le Ra   | <i>y</i>                |                         |  |  |                                |
|   | First Name   | Middle Name   | Last Na   | ame                     |                         |  |  |                                |
| Debtor 2  |  |   |   |                         |                         |  |  |                                |
| (Spouse, if filing)   | First Name   | Middle Name   | Last Na   | ame                     |                         |  |  |                                |
| United States   | Bankruptcy Court for   | the : <u>NORTHERN</u>   | _District of _ILLINOIS  |                         |                         |  |  |                                |
| Case Number   |  |   | (State  | •)                      |                         |  | Check if this                                | is an                          |
| (If known)  |  |   |   |                         |                         |  | amended fili                                 | ng                             |
| Official F  | orm 106D   |   |   |                         |                         |  |  |                                |
|   |  | s Who Have  | Claims Secur  | ed by Prone             | rtv                     |  |  | 12/15                          |
| nformation. If ridditional page  1. Do any crea  No. Ch  Yes. Fil | nore space is need<br>s, write your name<br>ditors have claims | ded, copy the Addit<br>and case number<br>secured by your p<br>ubmit this form to the<br>ation below. | ,   | imber the entries, an   | d attach it to this fo  | rm. On the top of ar                                   | у  |                                |
|   |  |   |   |                         |                         | Column A   | Column A                                     | Column C                       |
| for each cl   | aim. If more than o  | one creditor has a p  | an one secured claim, lis<br>articular claim, list the otl<br>al order according to the   | ner creditors in Part 2 | <u>-</u>                | Amount of claim  Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecured<br>portion<br>If any |
| 2.1 Nations   | tar/MR. COOPER   |   | Describe the propert  | y that secures the cla  | im:                     | <b>\$</b> 214,347.00                                   | \$ <u>240,000.00</u>                         | <u>\$ 0.00</u>                 |
| Creditor's  | Name   |   | 1895 Faxon Drive M  | lontgomery IL 60538     | - Primary               | ]  |  |                                |
|   | hland Dr   |   | Residence   |                         |                         |  |  |                                |
| Number  | Street   |   |   |                         |                         | ]  |  |                                |
|   |  |   |   | e, the claim is: Check  | all that apply.         |  |  |                                |
| Lewisvil  | le   | TX 75067  | Contingent Unliquidated   |                         |                         |  |  |                                |
| City  |  | State Zip Code  | Disputed  |                         |                         |  |  |                                |
| Who owes  | the debt? Check on   | e.  | Nature of Lien. Chec  | k all that apply.       |                         |  |  |                                |
| Debtor  |  |   | _   | made (such as mortgage  | e or secured            |  |  |                                |
| Debtor  | 2 only   |   | car loan)   |                         |                         |  |  |                                |
| Debtor  | 1 and Debtor 2 only  |   | Statutory lien (such  | as tax lien, mechanic's | lien)                   |  |  |                                |
| At least  | one of the debtors an  | d another   | Judgment lien from  | a lawsuit               |                         |  |  |                                |
| _   |  |   | Other (including a r  | ight to offset)         |                         |  |  |                                |
|   | if this claim relates<br>unity debt                            | to a  |   |                         |                         |  |  |                                |
|   | •  | 2016-2017   | Last 4 digits of acco   | unt number <u>53</u>    | 71                      |  |  |                                |
| Part 2:   | List Others to Be No   | tified for a Debt Tha   | nt You Already Listed   |                         |                         |  |  |                                |
|   |  |   |   |                         |                         |  |  |                                |
| trying to collect   | from you for a deb   | t you owe to someonts that you listed in  | out your bankruptcy for a<br>ne else, list the creditor in<br>Part 1, list the additional | Part 1, and then list   | he collection agency    | here. Similarly, if you                                | u have more                                  |                                |
| ,   |  |   |   |                         |                         |  |  |                                |

|   |  | Caso 17 20521   | Doc 1  | Eilod   | 10/02/17   | Entor  | ed 10/02/17 16   | 6:56:12 I  | Desc Main              |                    |
|---|--|---|--|---|--|--|--|--|------------------------|--------------------|
| Fill in   | this inf   | ormation to identify your case  | e:   |   |  |  | 0 of 54  |  |                        |                    |
| Debto   | or 1   | Orlando T   | ramelle  |   | Ray  |  |  |  |                        |                    |
|   |  | First Name Mid  | ddle Name  |   | Last Name  |  |  |  |                        |                    |
| Debto   |  | Floribles   | dalla Manna  |   |  |  |  |  |                        |                    |
| (Spous  | e, if filing)  | First Name Mid  | ddle Name  |   | Last Name  |  |  |  |                        |                    |
| Unite   | d States E   | Bankruptcy Court for the : <u>NORTI</u>   | HERN_ Distr  | rict of <u>ILLINOIS</u>   | S(State)   |  |  |  |                        |                    |
|   | Number   |   |  |   | ()   |  |  |  | <del></del>            | this is an         |
| (If kno   | -  | 4005/5  |  |   |  |  |  |  | amended                | d filing           |
| <u> Ottici</u>                                      | ial Fo   | orm 106E/F  |  |   |  |  |  |  |                        |                    |
| che   | dule   | E/F: Creditors Who  | Have   | Unsecu  | <u>red Claims</u>  | i  |  |  |                        | 12/15              |
| ist the (A/B: Pro<br>reditors<br>eeded,<br>op of ar | other pa<br>perty (C<br>s with pa<br>copy the<br>ny additi | and accurate as possible. Use<br>irty to any executory contracts<br>fficial Form 106A/B) and on S<br>artially secured claims that are<br>e Part you need, fill it out, nun<br>ional pages, write your name a<br>ist All of Your PRIORITY Unsecu | s or unexpir<br>chedule G:<br>e listed in S<br>nber the ent<br>and case nu | red leases that<br>Executory C<br>chedule D: C<br>tries in the bo | at could result in a<br>contracts and Une<br>creditors Who Have<br>oxes on the left. A | a claim. Als<br>expired Lea<br>ve Claims S   | so list executory contra<br>ses (Official Form 1060<br>Sec <i>ured by Property</i> . If  | cts on <i>Schedule</i><br>6). Do not includ<br>more space is | e                      |                    |
| Part '  | U#   |   |  |   |  |  |  |  |                        |                    |
| _   | -  | litors have priority unsecured  | claims agai  | inst you?   |  |  |  |  |                        |                    |
| =   |  | to Part 2.  |  |   |  |  |  |  |                        |                    |
| List  |  | our priority unsecured claims.  | If a creditor  | has more tha  | an one priority une  | ecured clair                                 | m list the creditor senar  | ately for each old   | aim For                |                    |
| eac<br>non<br>uns                                   | h claim I<br>priority a<br>ecured o                        | isted, identify what type of clain<br>amounts. As much as possible,<br>claims, fill out the Continuation F  | n it is. If a clain<br>list the clain<br>Page of Part                      | aim has both<br>ns in alphabet<br>t 1. If more tha                | priority and nonpri<br>tical order accordir<br>an one creditor hol                     | iority amou<br>ng to the cr<br>olds a partic | nts, list that claim here a<br>editor's name. If you hav<br>ular claim, list the other o | nd show both pri<br>re more than two                         | iority and<br>priority |                    |
| (FOI  | тап ехрі   | lanation of each type of claim, s   | ee me msm  | uctions for this  | s ioim in the instru   | uction booki                                 | let.)  | Total claim  | Priority               | Nonpriority        |
|   | <b>.</b>   | i-4 All -5 V NONDRIORITY II-  |  | ·   |  |  |  |  | amount                 | amount             |
| Part :  | 2  | ist All of Your NONPRIORITY Un  | secured Cia  | ıms   |  |  |  |  |                        |                    |
| _   | -  | litors have nonpriority unsecu  |  | -   |  |  |  |  |                        |                    |
|   | No. You  | u have nothing to report in this p  | art. Submi   | t this form to t  | he court with your   | r other sche                                 | edules.  |  |                        |                    |
|   | Yes.   |   |  |   |  |  |  |  |                        |                    |
| non<br>incli  | priority u<br>uded in F                                    | our nonpriority unsecured clai<br>unsecured claim, list the creditor<br>Part 1. If more than one creditor<br>at the Continuation Page of Part   | r separately<br>holds a par  | for each clair  | m. For each claim  | listed, iden                                 | tify what type of claim it i   | s. Do not list clai  | ims already            |                    |
| Ciali   | ilis illi ou   | it the Continuation Fage of Fart  | . 2.   |   |  |  |  |  |                        | Total claim        |
| 4.1   |  | /Cabelas  | _ ι  | ast 4 digits o  | f account number   | NULL   | <del></del>  |  |                        | \$ <u>2,062.00</u> |
|   | Creditor's N<br>4800 Nw                                    | / 1St St Ste 300  | _ \  | When was the  | debt incurred?   | 2017   | -2017  |  |                        |                    |
|   | Number   | Street  |  |   |  |  |  |  |                        |                    |
| -   |  |   |  | _   | you file, the claim  | is: Check al                                 | ll that apply.   |  |                        |                    |
| 1   | Lincoln  | NE 68521  | , <u>L</u>   | Contingent Unliquidated   | 1  |  |  |  |                        |                    |
|   | City   | State Zip Co the debt? Check one.   | de [   | Disputed  | I  |  |  |  |                        |                    |
| •   | Debtor 1   |   | _  | <b>_</b> ·  |  |  |  |  |                        |                    |
|   | Debtor 2   | ? only  | 1  | Type of NONP  | RIORITY unsecure   | ed claim:                                    |  |  |                        |                    |
|   | Debtor 1   | and Debtor 2 only   |  | Student loar  | ıs   |  |  |  |                        |                    |
|   | At least o   | one of the debtors and another  |  | Obligations a   | arising out of a separ   | ration agreen                                | nent or divorce  |  |                        |                    |
|   |  | f this claim relates to a   | г  | _ `   | not report as priority   |  | other similar debts  |  |                        |                    |
| Is  |  | nity debt<br>n subject to offest?   | L  | Debts to per  | nsion or profit-sharing  | y pians, and i                               | outer Sithiar debts  |  |                        |                    |
|   | No   |   |  | Other. Spec   | ify Credit Card o  | or Credit Us                                 | se   |  |                        |                    |
|   | Yes  |   | -  |   |  |  | •  |  |                        |                    |

Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Case 17-29521 Doc 1 Page 21 of 54 Case Number (if known) **P**gcument Orlando Tramelle Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** CBNA \$ 3,270.00 Last 4 digits of account number \_ 2016-2017 50 Northwest Point Road When was the debt incurred?

|     | Number Street                           |   |                    |
|-----|---|---|--------------------|
|     |   | As of the date you file, the claim is: Check all that apply.      |                    |
|     |   | Contingent  |                    |
|     | Elk Grove Village IL 60007              | Unliquidated  |                    |
|     | City State Zip Code                     |   |                    |
| · ' | Who owes the debt? Check one.           | Disputed  |                    |
|     | Debtor 1 only                           |   |                    |
|     | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
|     | Debtor 1 and Debtor 2 only              | Student loans   |                    |
|     | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
|     | Check if this claim relates to a        | that you did not report as priority claims                        |                    |
|     | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
|     | ls the claim subject to offest?         | _   |                    |
|     | No                                      | Other. Specify Credit Card or Credit Use                          |                    |
|     | Yes                                     |   |                    |
| 4.3 | CBNA                                    | Last 4 digits of account number NULL                              | \$ <u>3,424.00</u> |
|     | Creditor's Name                         | 2046 2047   |                    |
|     | Po Box 6283                             | When was the debt incurred? 2016-2017                             |                    |
|     | Number Street                           |   |                    |
|     |   | As of the date you file, the claim is: Check all that apply.      |                    |
|     |   | Contingent  |                    |
|     | Sioux Falls SD 57117                    | Unliquidated  |                    |
|     | City State Zip Code                     | Disputed  |                    |
| · ' | Who owes the debt? Check one.           | Disputed  |                    |
|     | Debtor 1 only                           |   |                    |
|     | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
|     | Debtor 1 and Debtor 2 only              | Student loans   |                    |
|     | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
|     | Check if this claim relates to a        | that you did not report as priority claims                        |                    |
|     | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
|     | ls the claim subject to offest?         |   |                    |
|     | No                                      | Other. Specify Credit Card or Credit Use                          |                    |
|     | Yes                                     |   |                    |
| 4.4 | Certified Services INC                  | Last 4 digits of account number 6438                              | \$ <u>239.00</u>   |
|     | Creditor's Name                         | When was the debt incurred? 2012-2013                             |                    |
|     | 1300 N Skokie Hwy Ste 10                | When was the debt incurred? 2012-2013                             |                    |
|     | Number Street                           |   |                    |
|     |   | As of the date you file, the claim is: Check all that apply.      |                    |
|     |   | Contingent  |                    |
|     | Gurnee IL 60031                         | Unliquidated  |                    |
| ١.  | City State Zip Code                     | Disputed  |                    |
| · ' | Who owes the debt? Check one.           | Disputed  |                    |
|     | Debtor 1 only                           |   |                    |
|     | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
|     | Debtor 1 and Debtor 2 only              | Student loans   |                    |
|     | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
|     | Check if this claim relates to a        | that you did not report as priority claims                        |                    |
|     | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
|     | ls the claim subject to offest?         |   |                    |
|     | No                                      | Other. Specify Medical Debt                                       |                    |
|     | Yes                                     |   |                    |

Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Case 17-29521 Page 22 of 54
Case Number (if known) **P**gcument Orlando Tramelle Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** COMENITY BANK/Roompice **\$**1,582.00 Last 4 digits of account number \_\_\_\_ Creditor's Name 2016-2017 Po Box 182789 When was the debt incurred? Number

|  |                | As of the date you file, the claim is: Check all that apply.      |                     |
|--|----------------|---|---------------------|
| Columbus                                 | OH 43218       | Contingent  |                     |
| City                                     | State Zip Code | Unliquidated  |                     |
| Who owes the debt? Chec                  |                | Disputed  |                     |
| Debtor 1 only                            |                |   |                     |
| Debtor 2 only                            |                | Type of NONPRIORITY unsecured claim:                              |                     |
| Debtor 1 and Debtor 2 or                 | nly            | Student loans   |                     |
| At least one of the debtor               | rs and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim rela                 | ates to a      | that you did not report as priority claims                        |                     |
| community debt                           |                | Debts to pension or profit-sharing plans, and other similar debts |                     |
| Is the claim subject to offe             | est?           |   |                     |
| No                                       |                | Other. Specify Credit Card or Credit Use                          |                     |
| Yes Commonwealth Edisor                  | Company        | 6266  | • 67 00             |
| 4.0                                      | 1 Company      | Last 4 digits of account number <u>6366</u>                       | <u>\$ 67.00</u>     |
| Creditor's Name<br>501 Greene St Ste 302 | )              | When was the debt incurred? 2012-2013                             |                     |
| Number Street                            | ·              | Then was the dest meaned:   |                     |
| Number Sueet                             |                |   |                     |
|  |                | As of the date you file, the claim is: Check all that apply.      |                     |
| Augusta                                  | GA 30901       | Contingent  |                     |
| City                                     | State Zip Code | Unliquidated  |                     |
| Who owes the debt? Chec                  |                | Disputed  |                     |
| Debtor 1 only                            |                |   |                     |
| Debtor 2 only                            |                | Type of NONPRIORITY unsecured claim:                              |                     |
| Debtor 1 and Debtor 2 or                 | nly            | Student loans   |                     |
| At least one of the debtor               | rs and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim rela                 | ates to a      | that you did not report as priority claims                        |                     |
| community debt                           |                | Debts to pension or profit-sharing plans, and other similar debts |                     |
| Is the claim subject to offe             | est?           |   |                     |
| No                                       |                | Other. Specify Collecting for Creditor                            |                     |
| Yes Yes                                  | . 0            | NII II  | + 40 000 00         |
| 4.7 KANE County Teacher                  |                | Last 4 digits of account number NULL                              | \$ <u>12,999.00</u> |
| Creditor's Name Po Box 1360              |                | When was the debt incurred? 1999-2017                             |                     |
|  |                | When was the debt incurred:                                       |                     |
| Number Street                            |                |   |                     |
|  |                | As of the date you file, the claim is: Check all that apply.      |                     |
| Elgin                                    | IL 60121       | Contingent  |                     |
| City                                     | State Zip Code | Unliquidated  |                     |
| Who owes the debt? Chec                  |                | Disputed  |                     |
| Debtor 1 only                            |                |   |                     |
| Debtor 2 only                            |                | Type of NONPRIORITY unsecured claim:                              |                     |
| Debtor 1 and Debtor 2 or                 | nly            | Student loans   |                     |
| At least one of the debtor               | rs and another | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim rela                 | ates to a      | that you did not report as priority claims                        |                     |
| community debt                           |                | Debts to pension or profit-sharing plans, and other similar debts |                     |
| Is the claim subject to offe             | est?           |   |                     |
| No                                       |                | Other. Specify Credit Card or Credit Use                          |                     |
| Yes                                      |                |   |                     |
|  |                |   |                     |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Page 23 of 54 Page 24 Page

| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.  Total Claim  A.8 Syncb/BLAINS FARM&FLEE  Last 4 digits of account number NULL  Creditor's Name 950 Forrer Blvd Number Street  As of the date you file, the claim is: Check all that apply.  Coting Who owes the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check iff this claim relates to a community debt Is the claim subject to offest?  No Other, Specify Credit Card or Credit Use  4.9 Synchrony Bank Last 4 digits of account number NULL Sp95.00  Total Claim NULL Sp95.00  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliqu |
|--|
| 4.8 Synch/BLAINS FARM&FLEE  Creditor's Name 950 Forrer Blvd  Number Street  Kettering OH 45420 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  4. Synchrony Bank  Last 4 digits of account number NULL \$ 995.00  NULL \$ 995.00  \$ 995.00  \$ 995.00  \$ 1016-2017  When was the debt incurred? 2016-2017  When was the debt incurred?  Check all that apply. Contingent Unliquidated Disputed  Disputed  Type of NONPRIORITY unsecured claim: Check if this claim relates to a community debt Student loans Community debt Student loans Debts to pension or profit-sharing plans, and other similar debts St. 1,500.00  \$ 1,500.00   |
| Syncb/BLAINS FARM&FLEE   Last 4 digits of account number   NULL   \$.995.00  |
| Creditor's Name 950 Forrer Blvd  Number Street  As of the date you file, the claim is: Check all that apply.    City   |
| Street   When was the debt incurred?   2016-2017   |
| Number Street  Kettering OH 45420 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Type of NONPRIORITY unsecured claim: Creating the claim subject to dispension or profit-sharing plans, and other similar debts  Type of NONPRIORITY unsecured claim: Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Debts of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Type of NONPRIORITY unsecured claim: Contingent Debts of NONPRIORITY unsecured claim: Contingent C |
| Kettering OH 45420 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offest?  No Yes  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Last 4 digits of account number\$ 1,500.00  |
| Kettering OH 45420 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes  4.9 Synchrony Bank  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  \$ 1,500.00  \$ 1,500.00  |
| Kettering OH 45420 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  4.9 Synchrony Bank  Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  5 the Claim subject to offest?  At least 4 digits of account number  Last 4 digits of account number  \$ 1,500.00   |
| City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes  4.9 Synchrony Bank  Last 4 digits of account number  Unliquidated Disputed  Disputed  Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use   |
| Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes  Synchrony Bank Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Credit Card or Credit Use  \$ 1,500.00  |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No Yes  Synchrony Bank  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Credit Card or Credit Use  \$ 1,500.00  |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No Yes  4.9 Synchrony Bank  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  \$ 1,500.00   |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No Yes  4.9 Synchrony Bank  Debts of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Credit Card or Credit Use  \$ 1,500.00   |
| Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  4.9 Synchrony Bank  Last 4 digits of account number  that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Credit Card or Credit Use  \$ 1,500.00   |
| Community debt  Is the claim subject to offest?  No  Yes  4.9 Synchrony Bank  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number \$1,500.00  |
| Is the claim subject to offest?  No  Yes  4.9 Synchrony Bank  Last 4 digits of account number  |
| No   |
| Yes           4.9         Synchrony Bank         Last 4 digits of account number         \$ 1,500.00   |
| 4.9 Synchrony Bank Last 4 digits of account number   |
| <u> </u>   |
| Creditor's Name  |
| 950 Forrer Blvd. When was the debt incurred? 2017  |
| Number Street  |
| As of the date you file, the claim is: Check all that apply.   |
| Contingent   |
| Kettering OH 45420 Unliquidated  |
| City State Zip Code Who owes the debt? Check one.  Disputed  |
| Debtor 1 only  |
| Debtor 2 only  Type of NONPRIORITY unsecured claim:  |
| Debtor 1 and Debtor 2 only  Student loans  |
| At least one of the debtors and another  Obligations arising out of a separation agreement or divorce  |
| Check if this claim relates to a that you did not report as priority claims  |
| community debt  Debts to pension or profit-sharing plans, and other similar debts  |
| Is the claim subject to offest?  |
| No Other. Specify Credit Card or Credit Use  |
| Yes  |
| Part 3: List Others to Be Notified for a Debt That You Already Listed  |
|  |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or  |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Orlando

Debtor 1

Debtor 1 Orlando Tramelle Page 24 of 54 Case Number (if known)

First Name Middle Name Last No.

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |  |            | Total claim        |
|-----------------------------|--|------------|--------------------|
| Total claims from Part 1    | 6a. Domestic support obligations   | 6a.        | \$0.00             |
|                             | 6b. Taxes and Certain other debts you owe the government   | 6b.        | \$0.00             |
|                             | 6c. Claims for death or personal injury while you were intoxicated   | 6c.        | \$0.00             |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.   | 6d.        | \$0.00             |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.   | 6e.        | \$0.00             |
|                             |  |            |                    |
|                             |  |            | Total claim        |
| Total claims<br>from Part 2 | 6f. Student loans  | 6f.        | Total claim \$0.00 |
|                             | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                       | 6f.<br>6g. |                    |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority   |            | \$0.00             |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  6h. Debts to pension or profit-sharing plans, and other | 6g.        | \$                 |

|                    |   | Caso 17  |  | ilad 10/02/17                                   |  | 2/17 16:56:12   | Desc Main           |       |
|--------------------|---|--|--|---|--|---|---------------------|-------|
| Fi                 | ll in this inf  | formation to iden  | tify your case:  |   | 5 of 54  |   |                     |       |
| D                  | ebtor 1   | Orlando  | Tramelle   | Ray   |  |   |                     |       |
| D                  | ebtor 2   | First Name   | Middle Name  | Last Name                                       |  |   |                     |       |
| (S                 | pouse, if filing)   | First Name   | Middle Name  | Last Name                                       |  |   |                     |       |
| U                  | nited States  | Bankruptcy Court for   | r the : <u>NORTHERN</u> District of <u>IL</u>  |   |  |   | _                   |       |
|                    | ase Number  |  |  | (State)   |  |   | Check if this is ar | 1     |
|                    | f known)  | 1060   |  |   |  |   | amended filing      |       |
|                    |   | orm 106G   | ory Contracts and l  |   |  |   |                     | 12/15 |
| nforraddit<br>1. [ | mation. If mitonal pages  Do you hav  No. Che  Yes. Fill  ist separat | nore space is needs, write your name any executory of each this box and so in all of the informally each person of | possible. If two married people ded, copy the additional page, to and case number (if known). contracts or unexpired leases? Submit this form to the court with you nation below even if the contracts or company with whom you have cell phone). See the instructions | your other schedules. Your leases are listed in | ou have nothing else to Schedule A/B: Property | report on this form.  (Official Form 106A/B)  contract or lease is for (f | iny                 |       |
|                    | nexpired le   |  | nom you have the contract or le  | ase   | State v  | what the contract or lease  | e is for            |       |
| 2.1                |   |  |  |   | _  |   |                     |       |
|                    | Name  |  |  |   |  |   |                     |       |
|                    | Number  | Street   |  |   | _  |   |                     |       |
|                    | City  |  | State Zip C  | ode   | _  |   |                     |       |
| 2.2                |   |  |  |   |  |   |                     |       |
|                    | Name  |  |  |   | -  |   |                     |       |
|                    | Number  | Street   |  |   | _  |   |                     |       |
|                    | -   |  |  |   | _  |   |                     |       |
|                    | City  |  | State Zip C  | ode   |  |   |                     |       |
| 2.3                | Name  |  |  |   | -  |   |                     |       |
|                    |   |  |  |   | _  |   |                     |       |
|                    | Number  | Street   |  |   |  |   |                     |       |
|                    | City  |  | State Zip C  | ode   | -  |   |                     |       |
| 2.4                |   |  |  |   |  |   |                     |       |
|                    | Name  |  |  |   | -  |   |                     |       |
|                    | Number  | Street   |  |   | _  |   |                     |       |
|                    |   |  |  |   | _  |   |                     |       |
|                    | City  |  | State Zip C  | ode   |  |   |                     |       |
| 2.5                |   |  |  |   | -  |   |                     |       |
|                    | Name  |  |  |   | _  |   |                     |       |
|                    | Number  | Street   |  |   |  |   |                     |       |

State Zip Code

City

Official Form 106G

| Fill in this in     | nformation to identi   |                                    |                 |
|---------------------|------------------------|------------------------------------|-----------------|
| Debtor 1            | Orlando                | Tramelle                           | Ray             |
|                     | First Name             | Middle Name                        | Last Name       |
| Debtor 2            |                        |                                    |                 |
| (Spouse, if filing) | First Name             | Middle Name                        | Last Name       |
| United States       | Bankruptcy Court for t | he : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u> |
| Case Number         | r                      |                                    | (State)         |
| (If known)          |                        |                                    | _               |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| _           |  |                                    |   |
|-------------|--|------------------------------------|---|
| 1. De       | you have any codebtors? (If you are filing a joint case, do not  | list either spouse as a codebtor.) |   |
|             | No.  |                                    |   |
|             | Yes  |                                    |   |
| 2. <b>W</b> | thin the last 8 years, have you lived in a community property  | state or territory? (Community p   | property states and territories include         |
| Aı          | izona, California, Idaho, Lousiiana, Nevada, New Mexico, Puert   | o Rico, Texas, Washington, and V   | Visconsin.)                                     |
|             | No. Go to line 3.  |                                    |   |
| [           | Yes. Did your spouse, former spouse, or legal equivalent live  | with you at the time?              |   |
|             | <ul><li>☑ No</li><li>☑ Yes. Inwhich community state or territory did you live?</li></ul>   | Fill in the r                      | name and current address of that person         |
|             |  |                                    | iamo ana canoni adanoso oi mai porcon.          |
|             | Name of your spouse, former spouse or legal equivalent   |                                    |   |
|             |  |                                    |   |
|             | Number Street  |                                    |   |
|             | City State   | Zip Code                           |   |
|             | Column 1, list all of your codebtors. Do not include your spot   |                                    |   |
|             | own in line 2 again as a codebtor only if that person is a gual<br>hedule D (Official Form 106D), Schedule E/F (Official Form 10 | <del>-</del>                       |   |
|             | chedule E/F, or Schedule G to fill out Column 2.   | ,, (                               |   |
|             | Column 1: Your codebtor  |                                    | Column 2: The creditor to whom you owe the debt |
|             |  |                                    | Check all schedules that apply:                 |
| 3.1         | Caroline Vega  |                                    | Schedule D, line 1                              |
|             | Name   |                                    | _   |
|             | 1895 Faxon Drive   |                                    | Schedule E/F, line                              |
|             | Number Street Montgomery IL  | 60538                              | Schedule G, line                                |
|             | City State   | Zip Code                           |   |
| 3.2         |  |                                    | Schedule D, line                                |
|             | Name   |                                    | Schedule E/F, line                              |
|             | Number Street  |                                    | Schedule G, line                                |
|             | City State   | Zip Code                           |   |
| 3.3         |  |                                    | Schedule D, line                                |
|             | Name   |                                    | Schedule E/F, line                              |
|             | Number Street  |                                    | Schedule G, line                                |
|             | City State   | Zip Code                           |   |

Official Form 106H Record # 753077 Schedule H: Your Codebtors Page 1 of 1

|                       |   | JUCHHEIH   | <u>Paue 27</u> 01 54  |
|-----------------------|---|--|---|
| nformation to identif | fy your case:   |  |   |
| Orlando               | Tramelle<br>Middle Name                               | Ray  | _   |
| riist Name            | wilddie Name  | Last Name  | _   |
| First Name            | Middle Name   | Last Name  |   |
| . ,                   | he : <u>NORTHERN DISTRICT O</u>                       | F ILLINOIS   | Check if this is:   |
|                       |   |  | An amended filing   |
|                       |   |  | A supplement showing post-petition  |
|                       |   |  | chapter 13 income as of the following date  |
| orm 106I              |   |  | MM / DD / YYYY  |
| ,                     | Orlando First Name First Name  Bankruptcy Court for t | Orlando Tramelle First Name Middle Name  Bankruptcy Court for the :NORTHERN DISTRICT O | Orlando Tramelle Ray  First Name Middle Name Last Name  First Name Middle Name Last Name  Bankruptcy Court for the :NORTHERN DISTRICT OF ILLINOIS |

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Describe Employment   |   |                         |              |                                   |   |
|----|---|---|-------------------------|--------------|-----------------------------------|---|
| 1. | Fill in your employment information   |   | Debtor 1                |              | Debtor 2 or non-filing spouse     |   |
|    | If you have more than one job, attach a separate page with information about additional employers.  | Employment status   | X Employed Not employed | d            | Employed  X Not employed          |   |
|    | Include part-time, seasonal, or self-employed work.   | Occupation  | Sheriff                 |              | Homemaker                         |   |
|    | Occupation may Include student or homemaker, if it applies.   | Employers name  | Kane County             |              |                                   |   |
|    |   | Employers address   | 719 S. Batavia Av       | /e           |                                   |   |
|    |   |   | Geneva, IL 60134        |              |                                   | _ |
|    |   |   |                         |              |                                   | _ |
|    |   | How long employed there?  | Since 1/1/1996          |              |                                   | _ |
| Pa | art 2: Give Details About Monthl  | y Income  |                         |              |                                   |   |
|    | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space | ve more than one employer, comb                                       | ine the information for | •            | ·                                 |   |
|    |   |   |                         | For Debtor 1 | For Debtor 2 or non-filing spouse |   |
| 2. |   | y and commissions (before all pa<br>calculate what the monthly wage w | •                       | \$3,529.50   | \$0.00                            |   |
| 3. | Estimate and list monthly overti  | me pay.   |                         | \$0.00       | \$0.00                            |   |
| 4. | Calculate gross income. Add line  | e 2 + line 3.   |                         | \$3,529.50   | \$0.00                            |   |

Official Form 106I Record # 753077 Schedule I: Your Income Page 1 of 2

Document Ray Orlando Tramelle Debtor 1 Case Number (if known) First Name Middle Name Last Name

|               |                        |  |              | For Debtor 1       |         | Debtor 2 or filing spouse |     |            |
|---------------|------------------------|--|--------------|--------------------|---------|---------------------------|-----|------------|
|               | Copy                   | y line 4 here  | 4.           | \$3,529.50         |         | \$0.00                    |     |            |
| 5. <b>Li</b>  |                        | payroll deductions:  | _            |                    |         |                           |     |            |
|               |                        | ax, Medicare, and Social Security deductions   | 5a.          | \$758.48           |         | \$0.00                    |     |            |
|               | 5b. <b>N</b>           | Mandatory contributions for retirement plans   | 5b.<br>      | \$158.84           |         | \$0.00                    |     |            |
|               | 5c. <b>V</b>           | oluntary contributions for retirement plans  | 5c.<br>—     | \$0.00             |         | \$0.00                    |     |            |
|               | 5d. <b>F</b>           | Required repayments of retirement fund loans   | 5d.          | \$0.00             |         | \$0.00                    |     |            |
|               |                        | nsurance   | 5e.<br>_     | \$244.25           |         | \$0.00                    |     |            |
|               | 5f. <b>C</b>           | Omestic support obligations  | 5f.<br>—     | \$0.00             |         | \$0.00                    |     |            |
|               | 5g. <b>L</b>           | Inion dues   | 5g.<br>      | \$46.58            |         | \$0.00                    |     |            |
|               |                        | Other deductions. Specify:   | 5h.<br>      | \$0.00             |         | \$0.00                    |     |            |
| 6. <b>A</b> d | ld the                 | <b>payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6.<br>       | \$1,208.16         |         | \$0.00                    |     |            |
| 7. <b>C</b> a | lcula                  | te total monthly take-home pay. Subtract line 6 from line 4.   | 7.           | \$2,321.35         |         | \$0.00                    |     |            |
| 8. <b>Lis</b> | st all                 | other income regularly received:   |              |                    |         |                           |     |            |
|               | 8a.                    | Net income from rental property and from operating a business,   |              |                    |         |                           |     |            |
|               |                        | profession, or farm  |              |                    |         |                           |     |            |
|               |                        | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |              |                    |         |                           |     |            |
|               |                        | monthly net income.  | 8a.          | \$0.00             |         | \$0.00                    |     |            |
|               | 8b.                    | Interest and dividends   | 8b.          | \$0.00             |         | \$0.00                    |     |            |
|               | 8c.                    | Family support payments that you, a non-filing spouse, or a  | 8c.          | \$ 0.00            |         | \$ 0.00                   |     |            |
|               |                        | dependent regularly receive  |              |                    |         |                           |     |            |
|               |                        | Include alimony, spousal support, child support, maintenance, divorce  |              |                    |         |                           |     |            |
|               |                        | settlement, and property settlement.   |              |                    |         |                           |     |            |
|               | 8d.                    | Unemployment compensation  | 8d.          | \$0.00             |         | \$0.00                    |     |            |
|               | 8e.                    | Social Security  | 8e.          | \$0.00             |         | \$0.00                    |     |            |
|               | 8f.                    | Other government assistance that you regularly receive   | 8f.          | \$0.00             |         | \$0.00                    |     |            |
|               |                        | Include cash assistance and the value (if known) of any non-cash   |              |                    |         |                           |     |            |
|               |                        | assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  |              |                    |         |                           |     |            |
|               |                        | Specify:   |              |                    |         |                           |     |            |
|               | 8g.                    | Pension or retirement income   | 8g.          | \$0.00             |         | \$0.00                    |     |            |
|               | 8h.                    | Other monthly income. Specify: Anticipated tax refund,   | 8h.          | \$800.00           |         | \$0.00                    |     |            |
| 9.            | Add                    | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.           | \$800.00           |         | \$0.00                    |     |            |
| 10.           | Calc                   | ulate monthly income. Add line 7 + line 9.   | 10.          | \$3,121.35 +       |         | \$0.00 =                  |     | \$3,121.35 |
|               | Add                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | <u> </u>     | ψ <b>0</b> ,121100 |         | <del>+</del> 0.00         |     | ψ0,121.00  |
| 11.           | Inclu<br>other<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are notify: | our dependen |                    |         |                           | 11  | \$0.00     |
| 12.           |                        | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Ce  |              | •                  | applies |                           | 12. | \$3,121.35 |
| 13.           |                        | ou expect an increase or decrease within the year after you file this form   |              |                    |         |                           |     |            |
|               | x I                    |  |              |                    |         |                           |     |            |

|      |                             | officiation to identify you               | ii case.                      |                                    |   |                       |                               |
|------|-----------------------------|---|-------------------------------|------------------------------------|---|-----------------------|-------------------------------|
| ı    | Debtor 1                    | Orlando                                   | Tramelle                      | Ray                                | Check if this   | is:                   |                               |
| •    | Septor 1                    | First Name                                | Middle Name                   | Last Name                          |   | nded filing           |                               |
|      | Debtor 2                    |   |                               |                                    | A supple  | ement showing pos     | t-petition chapter 13         |
| (    | Spouse, if filing)          | First Name                                | Middle Name                   | Last Name                          | income  | as of the following   | date:                         |
| ι    | Jnited States I             | Bankruptcy Court for the :                | NORTHERN DISTRICT OF          | ILLINOIS                           |   | 2 ( ) 0 0 0 (         |                               |
|      | Case Number                 |   |                               | _                                  | MM / DL   | O / YYYY              |                               |
|      | (                           |   |                               |                                    | A separ   | ate filing for Debtor | 2 because Debtor 2            |
| Of   | ficial Fo                   | orm 106J                                  |                               |                                    |   | ns a separate house   |                               |
| Sc   | hodul                       | e J: Your Exp                             | aneae                         |                                    |   |                       | 12/14                         |
|      |                             |   |                               | o are filing together, both a      | e equally responsible for sup                                   | nhina correct inform  |                               |
| mor  | =                           | =   |                               | ·                                  | e equally responsible for sup<br>es, write your name and case i |                       |                               |
| Pa   | art 1: D                    | escribe Your Household                    |                               |                                    |   |                       |                               |
| 1.   | Is this a joir              | nt case?                                  |                               |                                    |   |                       |                               |
|      | X No. G                     | o to line 2.                              |                               |                                    |   |                       |                               |
|      | Yes. D                      | oes Debtor 2 live in a se                 | eparate household?            |                                    |   |                       |                               |
|      |                             | No.                                       |                               |                                    |   |                       |                               |
|      |                             | Yes. Debtor 2 must                        | file a separate Schedule      | e J.                               |   |                       |                               |
| 2.   | Do you b                    | ove dependents?                           |                               |                                    |   |                       |                               |
| ۷.   | Do you ii                   | ave dependents?                           | ∐ No                          |                                    | Dependent's relationship to<br>Debtor 1 or Debtor 2             | Dependent's<br>age    | Does dependent live with you? |
|      | Do not lis<br>Debtor 2.     | t Debtor 1 and                            |                               | this information for<br>lent       |   |                       | No                            |
|      |                             |   | each depend                   |                                    | Daughter  | 16                    | X Yes                         |
|      | Do not sta<br>names.        | ate the dependents'                       |                               |                                    |   |                       | No                            |
|      |                             |   |                               |                                    | Daughter  | 14                    |                               |
|      |                             |   |                               |                                    |   |                       | Yes                           |
|      |                             |   |                               |                                    | Son   | 11                    | No                            |
|      |                             |   |                               |                                    |   |                       | Yes                           |
|      |                             |   |                               |                                    | Daughter  | 8                     | No                            |
|      |                             |   |                               |                                    | 2 4 4 5 . 11 5 .  |                       | Yes                           |
|      |                             |   |                               |                                    |   |                       | X No                          |
|      |                             |   |                               |                                    |   |                       | Yes                           |
| 3.   | Do your e                   | expenses include                          | X No                          |                                    |   |                       |                               |
|      |                             | of people other than and your dependents? | Yes                           |                                    |   |                       |                               |
|      | yoursen                     | and your dependents:                      |                               |                                    |   |                       |                               |
| Pa   | art 2: Es                   | stimate Your Ongoing Mor                  | nthly Expenses                |                                    |   |                       |                               |
|      | -                           |   |                               |                                    | as a supplement in a Chapter                                    | •                     |                               |
|      | enses as of<br>applicable ( | -   | ptcy is filed. If this is a s | supplemental <i>Schedule J</i> , c | heck the box at the top of the                                  | form and fill in      |                               |
|      | • •                         |   | sh government assistar        | nce if you know the value          |   |                       |                               |
| of s | uch assista                 | nce and have included i                   | it on Schedule I: Your I      | ncome (Official Form 106l.)        |   |                       | Your expenses                 |
| 4.   | The renta                   | al or home ownership ex                   | openses for your reside       | nce. Include first mortgage p      | payments and  |                       |                               |
|      |                             | for the ground or lot.                    |                               | 0 0 1                              | •   | 4.                    | \$1,685.00                    |
|      | If not inc                  | luded in line 4:                          |                               |                                    |   |                       |                               |
|      | 4a. Rea                     | al estate taxes                           |                               |                                    |   | 4a.                   | \$0.00                        |
|      |                             | perty, homeowner's, or re                 | enter's insurance             |                                    |   | 4b.                   | \$0.00                        |
|      |                             | •   |                               |                                    |   |                       | \$0.00                        |
|      |                             | me maintenance, repair, a                 |                               |                                    |   | 4c.                   | \$0.00                        |
|      | 4d. Hor                     | neowner's association or                  | condominium dues              |                                    |   | 4d.                   | φυ.υυ                         |
| _    |                             |   |                               |                                    |   |                       |                               |

Page 1 of 3

Document Tramelle Orlando Case Number (if known) \_ Debtor 1 First Name

| or 1 Onarido Tramelle Ray   | Case Number (if known) | <del></del>   |
|---|------------------------|---------------|
| First Name Middle Name Last Name  |                        | Your expenses |
|   |                        |               |
| Additional Mortgage payments for your residence, such as home equity loans                                      | 5.                     | \$0           |
| Utilities: 6a. Electricity, heat, natural gas   | 6a.                    | \$150         |
| 6b. Water, sewer, garbage collection  | 6b.                    | \$(           |
|   | 6c.                    | \$70          |
| <ul><li>6c. Telephone, cell phone, internet, satellite, and cable service</li><li>6d. Other. Specify:</li></ul> | 6d.                    | \$            |
|   | 7.                     | \$500         |
| Food and housekeeping supplies  | 8.                     | \$75          |
| Childcare and children's education costs  | 9.                     | \$50          |
| Clothing, laundry, and dry cleaning   | 10.                    | \$3           |
| Personal care products and services   | 10.                    | \$50          |
| . Medical and dental expenses   | 12.                    | \$30          |
| Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.                      | 12.                    | Ψ00           |
| Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.                    | \$6           |
| Charitable contributions and religious donations  | 14.                    | \$            |
| Insurance.  |                        |               |
| Do not include insurance deducted from your pay or included in lines 4 or 20.                                   |                        |               |
| 15a. Life insurance   | 15a.                   | \$            |
| 15b. Health insurance   | 15b.                   | \$            |
| 15c. Vehicle insurance  | 15c.                   | \$130         |
| 15d. Other insurance. Specify:  | 15d.                   | \$            |
| . Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                              |                        |               |
| Specify:  | 16.                    | \$            |
| . Installment or lease payments:  |                        |               |
| 17a. Car payments for Vehicle 1   | 17a.                   | \$6           |
| 17b. Car payments for Vehicle 2   | 17b.                   | \$(           |
| 17c. Other. Specify:  | 17c.                   | \$            |
| 17d. Other. Specify:  | 17d.                   | \$            |
| . Your payments of alimony, maintenance, and support that you did not report as deducted                        |                        |               |
| from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.                    | \$            |
| Other payments you make to support others who do not live with you.   |                        |               |
| Specify:  | 19.                    | \$            |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your                   | Income.                |               |
| 20a. Mortgages on other property  | 20a.                   | \$ (          |
| 20b. Real estate taxes  | 20b.                   | \$            |
| 20c. Property, homeowner's, or renter's insurance   | 20c.                   | \$            |
| 20d. Maintenance, repair, and upkeep expenses   | 20d.                   | \$            |
| 20e. Homeowner's association or condominium dues  | 20e.                   | \$            |

Official Form 106J Record # 753077 Schedule J: Your Expenses Page 2 of 3 Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 31 of 54

Orlando Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$35.00 Postage/Bank Fees (\$5.00), Life Insurance (\$30.00), 21. 21. Other. Specify: \$3,081.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$3,121.35 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$3,081.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$40.35 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 753077 Schedule J: Your Expenses Page 3 of 3

### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |  |   |
|--|--|---|
| Did you pay or agree to pay someone who is NOT       | an attorney to help you fill out bankrup | tcy forms?  |
| No   |  |   |
| Yes. Name of Person                                  | ·  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |  |   |
|  |  |   |
| Under penalty of perjury, I declare that I have read | I the summary and schedules filed with   | this declaration and that they are true and   |
| correct.   |  |   |
| 🗶 /s/ Orlando Tramelle Ray                           |  |   |
| Signature of Debtor 1                                | Signature of Debtor 2                    |   |
| Date10/02/2017<br>                                   | Date                                     | WW.   |
| IVIIVI ו טט ו IVIYY                                  | MIM / UU / Y                             | 111   |

| Fill in this in           | formation to ident    | ify your case:                      |                     |   |
|---------------------------|-----------------------|-------------------------------------|---------------------|---|
| Debtor 1                  | Orlando<br>First Name | Tramelle  Middle Name               | Ray<br>Last Name    | _ |
| Debtor 2                  | - I I ST NAME         | Widdle Name                         | Last Nume           | _ |
| (Spouse, if filing)       | First Name            | Middle Name                         | Last Name           |   |
| United States             | Bankruptcy Court for  | the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |   |
| Case Number<br>(If known) | 「 <u></u>             |                                     | _                   |   |
|                           |                       |                                     |                     |   |

# Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| ntormation. If more space is needed, attach a sepanumber (if known). Answer every question.  Part 1: Give Details About Your Marital Status                             |                                    | op or any additional pages, write your r | name and case              |
|---|------------------------------------|--|----------------------------|
| 01. What is your current marital status?  |                                    |  |                            |
| Married   |                                    |  |                            |
| Not married   |                                    |  |                            |
| Not married   |                                    |  |                            |
| 02 During the last 3 years, have you lived anywh  | ere other than where you live no   | w?                                       |                            |
| □ No.   |                                    |  |                            |
| Yes. List all of the places you lived in the last   | st 3 years. Do not include where y | ou live now.                             |                            |
|   |                                    |  |                            |
| Debtor 1  | Dates Debtor 1 lived there         | Debtor 2:                                | Dates Debtor 2 lived there |
|   |                                    | Same as Debtor 1                         | Same as Debtor 1           |
| 1827 Waverly Way  | FROM 03/2011                       |  |                            |
| Montgomery IL 60538-4133  | To 01/2016                         |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
| 03 Within the last 8 years, did you ever live with property states and territories include Arizon and Wisconsin.)  ■ No.  ■ Yes. Make sure you fill out Schedule H: You | a, California, Idaho, Louisiana, N |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |
|   |                                    |  |                            |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 34 of 54

Debtor 1 Orlando Tramelle Ray Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, 30,951 Wages, commissions, From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, 39,512 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, 38,000 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 35 of 54

Orlando Tramelle Ray Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Nationstar/MR. COOPER 350 \$ 209,307 Monthly \$ 5,040 Mortgage Car Highland Dr Lewisville TX 75067 Credit card Loan repayment Suppliers or vendors Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment Include creditor's name payment Part 4: Identify Legal actions, Repossessions, and Foreclosures

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 36 of 54

| ebto   | ır 1   | Orlando   | ramelle             | Ray  | Case Number (if kn                                      | own)                     |                    |  |  |
|--|--|---|---------------------|--|---|--------------------------|--------------------|--|--|
|  |  | First Name Mic  | ddle Name           | Last Name                                    |   |                          |                    |  |  |
| 09   | List a   | in 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody ifications, and contract disputes. |                     |  |   |                          |                    |  |  |
|  | ١  | No.   |                     |  |   |                          |                    |  |  |
|  |  | Yes. Fill in the details.   |                     |  |   |                          |                    |  |  |
| 10   |  | in 1 year before you filed for bar<br>ck all that apply and fill in the de  | nkruptcy, was any o | Nature of the case of your property reposses | Court or agency sed, foreclosed, garnished, attached, s | eized, or levied?        | Status of the case |  |  |
|  | _  | No. Go to line 11   |                     |  |   |                          |                    |  |  |
|  |  | Yes. Fill in the information below  | V.                  |  |   |                          |                    |  |  |
| 11   |  | Vithin 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  |                     |  |   |                          |                    |  |  |
|  | ١  | No. Go to line 11   |                     |  |   |                          |                    |  |  |
|  | _  | Yes. Fill in the information below  |                     |  |   |                          |                    |  |  |
|  | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? |   |                     |  |   |                          |                    |  |  |
|  | ■ N<br>□ Y   | lo.<br>′es.   |                     |  |   |                          |                    |  |  |
| D  | art 5:   | List Certain Gifts and Contri   | ibutions            |  |   |                          |                    |  |  |
|  |  |   |                     | ou give any gifts with a to                  | otal value of more than \$600 per person                | on?                      |                    |  |  |
|  | <b>I</b>   |   |                     |  | The same of more than \$100 per period                  |                          |                    |  |  |
|  | _  | vo.<br>Yes. Fill in the details for each gi   | ift                 |  |   |                          |                    |  |  |
| 14   | _  |   |                     | ou give any gifts or contr                   | ibutions with a total value of more th                  | an \$600 to any ch       | arity?             |  |  |
|  | _  |   | bankruptcy, did ye  | ou give any gints of conti                   | ibutions with a total value of more the                 | an 4000 to any cm        | arity:             |  |  |
|  | <b>I</b>   |   |                     |  |   |                          |                    |  |  |
|  | П,   | Yes. Fill in the details for each gi  | iπ.                 |  |   |                          |                    |  |  |
| P  | art 6:   | List Certain Losses   |                     |  |   |                          |                    |  |  |
| 15   |  | in 1 year before you filed for b<br>bling?  | oankruptcy or since | e you filed for bankruptc                    | y, did you lose anything because of t                   | heft, fire, other dis    | saster, or         |  |  |
|  | N  | No.   |                     |  |   |                          |                    |  |  |
|  | $\Box$   | Yes. Fill in the details for each gi  | ift.                |  |   |                          |                    |  |  |
|  |  |   |                     |  |   |                          |                    |  |  |
| P  | art 7:   | List Certain Payments or Tra  | ransfers            |  |   |                          |                    |  |  |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |  |   |                     |  |   |                          | ou                 |  |  |
|  | П١   | No.   |                     |  |   |                          |                    |  |  |
|  |  | Yes. Fill in the details  |                     |  |   |                          |                    |  |  |
|  | P  | Party Contact Info  |                     | Description and value of                     | f any property transferred                              | Date payment or transfer | Amount of payment  |  |  |
|  |  | Geraci Law L.L.C.   |                     |  |   |                          | \$1,000.00         |  |  |
|  |  | 55 E. Monroe Street #3400   |                     |  |   |                          |                    |  |  |
|  |  | Chicago,IL 60603  |                     |  |   |                          |                    |  |  |
|  |  |   |                     |  |   |                          |                    |  |  |
|  |  |   |                     |  |   |                          |                    |  |  |
|  |  |   |                     |  |   |                          |                    |  |  |
|  |  |   |                     |  |   |                          |                    |  |  |
|  |  |   |                     |  |   |                          |                    |  |  |
|  |  |   |                     |  |   |                          |                    |  |  |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main

Page 37 of 54 Document Orlando Tramelle Ray Case Number (if known) Debtor 1 First Name Middle Name Last Name **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services Hananwill Credit Counseling 2017 \$25.00 115 N. Cross St Robinson, IL 62454 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details for each gift. 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details for each gift. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before closed, sold, moved, instrument closing or transfer or transferred Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still **Identify Property You Hold or Control for Someone Else** 

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 38 of 54

| Debtor | 1                   | Orlando  | Tramelle          | Ray   | Case Number (if known)                     |                    |
|--------|---------------------|--|-------------------|---|--|--------------------|
|        |                     | First Name   | Middle Name       | Last Name   |  |                    |
|        | -                   | you hold or control any prop<br>someone.                     | perty that some   | one else owns? Include any property y   | ou borrowed from, are storing for, or hol  | d in trust         |
|        | 1                   | No.  |                   |   |  |                    |
|        | $\overline{\sqcap}$ | Yes. Fill in the details.                                    |                   |   |  |                    |
|        |                     |  | w                 | here is the property?   | Describe the property                      | Value              |
|        |                     | Give Details About Envir                                     | annantal Inform   | -4io-   |  |                    |
| I EU   | t 10                | Give Details About Elivii                                    | omnental imorni   | ation   |  |                    |
| For t  | he p                | ourpose of Part 10, the follo                                | wing definitions  | s apply:  |  |                    |
| h      | aza                 | rdous or toxic substances,                                   | wastes, or mate   | local statute or regulation concerning<br>rial into the air, land, soil, surface wat<br>cleanup of these substances, wastes | er, groundwater, or other medium,          |                    |
|        |                     | means any location, facility<br>used to own, operate, or uti |                   |   | whether you now own, operate, or utilize   |                    |
|        |                     | rdous material means anytl<br>tance, hazardous material,     | _                 | mental law defines as a hazardous wa<br>minant, or similar term.  | ste, hazardous substance, toxic            |                    |
| Repo   | ort a               | III notices, releases, and pro                               | oceedings that y  | ou know about, regardless of when th  | ney occurred.                              |                    |
| 24     | Has                 | any governmental unit noti                                   | fied you that yo  | u may be liable or potentially liable ur  | der or in violation of an environmental la | w?                 |
|        | 1                   | No.  |                   |   |  |                    |
|        | $\Box$              | Yes. Fill in the details.                                    |                   |   |  |                    |
|        |                     |  | Go                | overnmental unit  | Environmental law, if you know it          | Date of notice     |
| 25     | Hav                 | e you notified any governm                                   | ental unit of any | release of hazardous material?  |  |                    |
|        | =                   | No.<br>Yes. Fill in the details.                             |                   |   |  |                    |
|        |                     |  | G                 | overnmental unit  | Environmental law, if you know it          | Date of notice     |
| 26     | Hav                 | e you been a party in any ju                                 | dicial or admini  | strative proceeding under any enviror   | nmental law? Include settlements and ord   | ers.               |
|        | =                   | No.  |                   |   |  |                    |
|        | Ш                   | Yes. Fill in the details.                                    | Co                | ourt or agency  | Nature of the case                         | Status of the case |
|        |                     |  |                   | ů ,   |  |                    |
| Par    | ŧ 11                | Give Details About Your                                      | Business or Coni  | nections to Any Business  |  |                    |
| 27     | With                | nin 4 years before you filed                                 | for bankruptcy,   | did you own a business or have any o  | of the following connections to any busine | ess?               |
|        |                     | A sole proprietor or self-                                   | employed in a t   | rade, profession, or other activity, eith   | ner full-time or part-time                 |                    |
|        |                     | A member of a limited lia                                    | ability company   | (LLC) or limited liability partnership (  | LLP)                                       |                    |
|        |                     | A partner in a partnershi                                    | ip                |   |  |                    |
|        |                     | <br>☐ An officer, director, or m                             | anaging execut    | ive of a corporation  |  |                    |
|        |                     | _  |                   | equity securities of a corporation  |  |                    |
|        |                     | No. None of the above applie                                 | es Go to Part 12  |   |  |                    |
|        | =                   | • •  |                   | details below for each business.  |  |                    |
|        |                     | nin 2 years before you filed itutions, creditors, or other   |                   | did you give a financial statement to a   | anyone about your business? Include all f  | inancial           |
|        |                     | No.  |                   |   |  |                    |
|        | =                   | Yes. Fill in the details.                                    |                   |   |  |                    |
|        | Ц                   |  | Dat               | e issued  |  |                    |
|        |                     |  | Jul               |   |  |                    |
|        |                     |  |                   |   |  |                    |
|        |                     |  |                   |   |  |                    |
|        |                     |  |                   |   |  |                    |
|        |                     |  |                   |   |  |                    |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 39 of 54

 ebtor 1
 Orlando
 Tramelle
 Ray
 Case Number (if known)

 First Name
 Middle Name
 Last Name

|  | olgii Bolon                      |   |  |  |  |  |  |
|--|----------------------------------|---|--|--|--|--|--|
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571. |                                  |   |  |  |  |  |  |
| <b>★</b> /s  | / Orlando Tramelle Ray           | ×   |  |  |  |  |  |
| Sig  | gnature of Debtor 1              | Signature of Debtor 2                               |  |  |  |  |  |
| Da   | tte 10/02/2017<br>MM / DD / YYYY | DateMM / DD / YYYY                                  |  |  |  |  |  |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |                                  |   |  |  |  |  |  |
| No   |                                  |   |  |  |  |  |  |
| Yes  |                                  |   |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  |                                  |   |  |  |  |  |  |
| No   |                                  |   |  |  |  |  |  |
| Yes  | . Name of person                 | . Attach the Bankruptcy Petition Preparer's Notice, |  |  |  |  |  |
|  |                                  | Declaration, and Signature (Official Form 119).     |  |  |  |  |  |
|  |                                  |   |  |  |  |  |  |

| Fill in this i  | Caso 17 (information to identif  |  | lod 10/02/17 Er  | otered 10/02/17 16:56::<br>0 of 54  | 12 Desc Main  |     |
|---|--|--|--|---|---|-----|
| 5.11.4  | Orlando  | Tramelle   | Ray  |   |   |     |
| Debtor 1  | First Name   | Middle Name  | Last Name  |   |   |     |
| Debtor 2  |  |  |  |   |   |     |
| (Spouse, if filing)   | First Name   | Middle Name  | Last Name  |   |   |     |
| United State  | es Bankruptcy Court for th   | e: <u>NORTHERN</u> District of <u>ILI</u>  | LINOIS   |   |   |     |
| Case Numbe<br>(If known)  | er   |  | (State)  |   | Check if this is an amended filing                  |     |
| Official F  | orm 108  |  |  |   |   |     |
| Stateme   | ent of Intent  | ion for Individuals  | s Filing Under C   | hapter 7  | 12  | 2/1 |
| ■ creditors ha ■ you have lead You must file to whichever is each If two married Both debtors to Be as complete | ove claims secured by ased personal proper this form with the contaction, unless the coupeople are filing togomust sign and date the and accurate as possessed in a case number to the coupeople are filing togomust sign and the coupeople are filing togomust sign and the coupeople are and accurate as possessed in a case number to the coupeople are and case number the coupeople are and case number the coupeople are and case number the coupeople are the coupeople | ty and the lease has not expirurt within 30 days after you file<br>urt extends the time for cause.<br>ether in a joint case, both are enter<br>the form.<br>ssible. If more space is neede | ed.<br>your bankruptcy petition o<br>You must also send copies<br>equally responsible for supp | r by the date set for the meeting of o<br>to the creditors and lessors you list<br>olying correct information.<br>o this form. On the top of any addition | t.  |     |
| For any cre     informatio  | <del>-</del>   | d in Part 1 of Schedule D: Cred  | litors Who Have Claims Sec   | cured by Property (Official Form 106  | D), fill in the                                     | _   |
|   |  |  |  |   |   |     |
| Identify the  | e creditor and the pro   | perty that is collateral   | What do you inten<br>secures a debt?   | d to do with the property that  | Did you claim the property as exempt on Schedule C? |     |
| Creditor's  | S  |  | Surrender  | the property  | No  |     |
| name:   | Nationstar/I   | MR. COOPER   | Retain the   | property and redeem it  | —<br>□ Yes  |     |
| Descripti   | ion of 1895 Faxon  | Drive Montgomery IL 60538 -  | Retain the   | property and enter into a   |   |     |
| property  | Primary Res  | - ·  | Reaffirmati  | ion Agreement.  |   |     |
| securing  | debt:  |  | Retain the   | property and [explain]:   | _   |     |
| Creditor's  | s  |  | Surrender  | the property  |   | _   |
| name:   |  |  | Retain the   | property and redeem it  | ☐ Yes   |     |
| Descripti   | on of  |  | Retain the   | property and enter into a   | _   |     |
| property  |  |  | Reaffirmati  | ion Agreement.  |   |     |
| securing  | debt:  |  | Retain the   | property and [explain]:   | _   |     |
| Creditor's  | s  |  | Surrender  | the property  |   | _   |
| name:   |  |  | Retain the   | property and redeem it  | ☐ Yes   |     |
| Descripti   | on of  |  | Retain the   | property and enter into a   | <del>_</del>  |     |
| property  |  |  | Reaffirmati  | ion Agreement.  |   |     |
| securing  | debt:  |  | Retain the   | property and [explain]:   | _   |     |
| Creditor's  | s  |  | Surrender  | the property  | No  | _   |
| name:   |  |  | Retain the   | property and redeem it  | ☐ Yes   |     |
| Descripti   | ion of   |  | <del></del> -  | property and enter into a   |   |     |
| property  |  |  |  | ion Agreement.  |   |     |
| securing  | debt:  |  | Retain the   | property and [explain]:   | <u> </u>  |     |

Debtor 1

Orlando Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Page 41 of 54 Umber (if known)

List Your Unexpired Personal Property Leases

| For any unexpired personal property lease that you listed      |  |                            |
|--|--|----------------------------|
| fill in the information below. Do not list real estate leases. |  |                            |
| ended. You may assume an unexpired personal property           | lease if the trustee does not assume it. 11 U.S.C. § 365(p | )(2).                      |
| Describe your unexpired personal property leases               |  | Will the lease be assumed? |
| Lessor's name:   |  | □ No                       |
|  |  | Yes                        |
| Description of leased  |  |                            |
| property:  |  |                            |
| Lessor's name:   |  | □ No                       |
|  |  | <br>                       |
| Description of leased  |  |                            |
| property:  |  |                            |
| Lessor's name:   |  | □No                        |
| Ecosor s marrie.   |  |                            |
| Description of leased  |  | ☐ res                      |
| property:  |  |                            |
| Lessor's name:   |  | □No                        |
| Lessor's fiditie.  |  |                            |
| Description of leased  |  | □Yes                       |
| property:  |  |                            |
|  |  | <b>-</b>                   |
| Lessor's name:   |  | □No                        |
| Description of leased  |  | □Yes                       |
| property:  |  |                            |
|  |  |                            |
| Lessor's name:   |  | □No                        |
| Description of leased  |  | Yes                        |
| Description of leased property:                                |  |                            |
|  |  |                            |
| Lessor's name:   |  | □No                        |
|  |  | Yes                        |
| Description of leased property:                                |  |                            |
| property.  |  |                            |
| Sim Belau  |  |                            |
| Part 3: Sign Below   |  |                            |
| Jnder penalty of perjury, I declare that I have indicated my   | intention about any property of my estate that secures a   | a debt and any             |
| personal property that is subject to an unexpired lease.       |  |                            |
| Ac In/ Orlanda Tramalla Davi                                   | •  |                            |
| ★ /s/ Orlando Tramelle Ray  Signature of Debtor 1              | Signature of Debtor 2                                      | <u> </u>                   |
| Date Dated: 10/02/2017   |  |                            |
| MM / DD / YYYY   | Date<br>MM / DD / YYYY                                     |                            |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 42 of 54

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In | re                                |            |                    |                       |                    |  |              |                     |           |
|----|-----------------------------------|------------|--------------------|-----------------------|--------------------|--|--------------|---------------------|-----------|
| Or | lando Tramelle                    | Ray / D    | ebtor              |                       |                    | (  | Case No:     |                     |           |
|    |                                   |            |                    |                       |                    |  | Chapter:     | Chapter 7           |           |
|    |                                   |            | DISCLO             | OSURE OF COM          | IPENSATION (       | OF ATTORNEY  | FOR DEE      | BTOR                |           |
|    | npensation paid                   | to me wi   | thin one year bef  | fore the filing of th | ne petition in bar | am the attorney for<br>hkruptcy, or agreed<br>connection with th | d to be paid | d to me, for servi  | ces       |
|    | For legal serv                    | ices, I ha | ve agreed to acce  | ept                   | \$1,000.00         |  |              |                     |           |
|    | Prior to the fil                  | ing of th  | is statement I hav | ve received           | \$1,000.00         |  |              |                     |           |
|    | Balance Due                       |            |                    |                       | \$0.00             |  |              |                     |           |
| 2. | The source of                     | the comp   | pensation paid to  | me was:               |                    |  |              |                     |           |
|    | Debtor(s                          | s)         | Other: (sp         | ecify)                |                    |  |              |                     |           |
| 3. | The source of                     | compens    | ation to be paid t | to me is:             |                    |  |              |                     |           |
|    | Debtor                            | (s)        | Other: (sp         | ecify)                |                    |  |              |                     |           |
| 4. | I have no of my lav               |            |                    |                       | ensation with an   | y other person unle  | ess they ar  | re members and a    | ssociates |
|    | _                                 |            |                    | _                     |                    | r person or persons<br>names of the peop                         |              |                     |           |
| 5. | In return for the case, including |            | disclosed fee, I h | nave agreed to reno   | der legal service  | for all aspects of t   | the bankru   | ptcy                |           |
|    | -                                 |            | btor's financial s | situation, and rend   | ering advice to t  | he debtor in deterr  | nining wh    | ether to file a pet | ition in  |
|    | bankrupto                         | -          | :                  |                       |                    | 4 . 1  | 1            |                     |           |
|    | b. Preparation                    | n and III  | ing of any penuo   | on, schedules, stat   | ements of affairs  | s and plan which n   | nay be requ  | uirea;              |           |
| 6. | , ,                               |            | debtor(s), the abo |                       | does not include   | the following serv   | vice:        |                     |           |
|    |                                   |            |                    | C                     | ERTIFICATIO        | N  |              |                     | ]         |
|    | pa                                |            |                    |                       |                    | agreement or arra  |              | or                  |           |
|    |                                   | Date: 10   | 0/02/2017          | ,                     | /s/ Alex Wilson    |  |              |                     |           |
|    |                                   | Date       |                    |                       | Signature of Atto  | orney  | =            |                     |           |
|    |                                   |            |                    |                       | Geraci Law L.L     | C.   |              |                     |           |

Page 1 of 1 Record # 753077

Name of law firm

# Case 17-29521 Geraci Lawed L. CO2/Mirois Entire Misconsin6:56:12 Desc Main Headquarters: 55 E. Monroe Street, #3400 Chilagol Interests 868 agree 203 OF BEINT CORNER WWW.INFOTAPES.COM

Date: 10/2/2017

Consultation Attorney: ALX

Record #: 753-077

## Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by debit only, a flat fee for services before filing in court of \$ 1,000.00  |
|--|
| at \$ {} today, \$ {} per {} starting {}   |
| debit only, a flat fee for services <b>before</b> filing in court of \$\frac{1,000.00}{1,000.00}\] at \$\{\left[ \left] \} \] today, \$\{\left[ \left] \} \] ber \{\left[ \left] \} within 60 days of today. Bankruptcy is time-sensitivel may pay more than this amount to pre-pay post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing  |
| in Court is not included in the pre-filing amount, unless you pay us for it in advance:  |
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335, and the flat fee for services after case filing is \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition and schedules, means test & statement of financial affairs; phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court of proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court.  |
| Flat fee. With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance a security retaier, which may cost you more, or less than a flat fee Advance Payment Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.  |
| <b>Termination</b> . If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. <b>Wisconsin</b> : We will submit any unresolved dispute about the fee to binding arbitration within 30 days or receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund or unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.  |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file—there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: studed loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debt after filling including HOA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educational course. I will not transfer or accourse any property or incur any credit or debt before filling, and I must make full disclosure of all income, expenses, debt course. |
| X X  |
| Date: X (Joint Debtor)   |
| Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 161112  |
|  |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 44 of 54

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Orlando Tramelle Ray / Debtor | Bankruptcy Docket #: |
|-------------------------------|----------------------|
|                               | Judge:               |

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 10/02/2017 /s/ Orlando Tramelle Ray

**Orlando Tramelle Ray** 

X Date & Sign

Record # 753077 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

#### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 753077 B 201A (Form 201A) (11/11) Page 1 of 2

#### Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 t Page 46 of 54

Form B 201A, Notice to Consumer Debtor(s)

In re Orlando Tramelle Ray

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 10/02/2017 | isi Oriando Tramelle Ray |  |
|-------------------|--------------------------|--|
|                   | Orlando Tramelle Ray     |  |
| Dated: 10/02/2017 | /s/ Alex Wilson          |  |
|                   | Attorney: Alex Wilson    |  |

## Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 47 of 54

| Debto                                   | r1   |  | Case Number (i   | if known)  |  |  |
|---|--|--|--|--|--|--|
|   | First Name   | Middle Name Last Name  |  |  |  |  |
|   |  |  |  |  |  |  |
| Pai                                     | 16: Answer These Questions                         | s for Reporting Purposes   |  |  |  |  |
| 16.                                     | What kind of debts do you have?                    | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."                |  |  |  |  |
|   |  | No. Go to line 16b. Yes. Go to line 17.  |  |  |  |  |
|   | •  | 16b. Are your debts primarily money for a business or inve   | <b>business debts?</b> Business debts are debt<br>stment or through the operation of the business          | ts that you incurred to obtain ess or investment.                    |  |  |
|   |  | No. Go to line 16c. Yes. Go to line 17.  |  |  |  |  |
| ,                                       |  | 16c. State the type of debts you o   | we that are not consumer debts or business   | debts.   |  |  |
|   |  |  |  |  |  |  |
| 17.                                     | Are you filing under Chapter 7?                    | ☐ No. I am not filing under Ch   | napter 7. Go to line 18.   |  |  |  |
|   | Do you estimate that after                         | Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |  |  |  |  |
|   | any exempt property is<br>excluded and             | ∏No,   |  |  |  |  |
|   | administrative expenses                            | ☐<br>∏Yes.   |  |  |  |  |
|   | are paid that funds will be                        |  |  |  |  |  |
|   | available for distribution to unsecured creditors? |  |  |  |  |  |
|   |  | <b>=</b> 4.40  | <b>□</b> 1,000-5,000   | <b>25,001-50,000</b>   |  |  |
| 18.                                     | How many creditors do you estimate that you        | ■ 1-49<br>□ 50-99  | 5,001-10,000   | 50,001-100,000   |  |  |
|   | owe?   | ☐ 100-199  | 10,001-25,000  | ☐ More than 100,000  |  |  |
|   |  | 200-999  | ,  |  |  |  |
| 40                                      | How much do you                                    | \$0-\$50,000   | \$1,000,001-\$10 million   | □\$500,000,001-\$1 billion   |  |  |
| 19.                                     | estimate your assets to                            | \$50,001-\$100,000   | ☐ \$10,000,001-\$50 million  | □\$1,000,000,001-\$10 billion  |  |  |
|   | be worth?  | <br>\$100,001-\$500,000  | ☐ \$50,000,001-\$100 million   | \$10,000,000,001-\$50 billion  |  |  |
|   |  | ☐ \$500,001-\$1 million  | ☐ \$100,000,001-\$500 million  | ☐ More than \$50 billion   |  |  |
| 20.                                     | How much do you                                    | \$0-\$50,000   | ☐ \$1,000,001-\$10 million   | □\$500,000,001-\$1 billion   |  |  |
|   | estimate your liabilities                          | \$50,001-\$100,000   | ☐ \$10,000,001-\$50 million  | \$1,000,000,001-\$10 billion   |  |  |
|   | to be?   | <b>\$100,001-\$500,000</b>   | \$50,000,001-\$100 million   | ☐ \$10,000,000,001-\$50 billion                                      |  |  |
|   |  | ☐ \$500,001-\$1 million  | \$100,000,001-\$500 million  | ☐ More than \$50 billion   |  |  |
| Pa                                      | 11.7: Sign Below                                   |  |  |  |  |  |
| For                                     | you  | I have examined this petition, and correct.  | I declare under penalty of perjury that the inf  | ormation provided is true and  |  |  |
|   |  | If I have chosen to file under Chap<br>of title 11, United States Code. I un<br>under Chapter 7.   | oter 7, I am aware that I may proceed, if eligib<br>nderstand the relief available under each cha          | ole, under Chapter 7, 11,12, or 13<br>upter, and I choose to proceed |  |  |
| Websonish                               |  | If no attorney represents me and I this document, I have obtained and  | did not pay or agree to pay someone who is<br>d read the notice required by 11 U.S.C. § 342                | not an attorney to help me fill out<br>2(b).                         |  |  |
| *************************************** |  | ·  | the chapter of title 11, United States Code, s   |  |  |  |
|   |  | I understand making a false staten<br>with a bankruptcy case can result<br>18 U.S.C. §§ 152, 1341, 1519, and   | nent, concealing property, or obtaining mone<br>in fines up to \$250,000, or imprisonment for to<br>d 3571 | y or property by fraud in connection<br>up to 20 years, or both.     |  |  |
|   |  |  |  |  |  |  |
|   |  | Signature of Debtor 1  | Sign   | ature of Debtor 2  |  |  |
|   |  | 11 11  | )  |  |  |  |
|   |  | Executed on : 10 10 5  | <u>~/2</u> 017 Exec  | MM / DD / YYYY   |  |  |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 48 of 54

| Fill in this in           | formation to ident   | ify your case:                     |                     |
|---------------------------|----------------------|------------------------------------|---------------------|
| Debtor 1                  | Orlando              | dando Tramelle                     |                     |
|                           | First Name           | Middle Name                        | Last Name           |
| Debtor 2                  |                      |                                    |                     |
| (Spouse, if filing)       | First Name           | Middle Name                        | Last Name           |
| United States             | Bankruptcy Court for | the: <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| Case Number<br>(If known) |                      |                                    | _                   |

### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |  |  |
| No  |   |  |  |  |  |  |  |  |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
| II. I was the first with a dealers that I have send the arrange                                   | nary and schedules filed with this declaration and that they are true and                     |  |  |  |  |  |  |  |
| correct.  | nary and schedules filed with this declaration and that they are the and                      |  |  |  |  |  |  |  |
| Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |  |
| Date : <u>                                   </u>   | Date  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 49 of 54

| Debtor 1 | Orlando    | Tramelle    | Ray       | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| Part 12: Sign Below   |  |
|---|--|
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 162, 1341, 1519, and 3571.  Signature of Debtor 1 |  |
| Date   10   02   2017   Date  |  |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |  |
| ■ No  |  |
| Yes   |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |  |
| ■ No  Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).  |  |

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Page 50 of 54 Document Case Number (if known) Orlando Tramelle Debtor 1 First Name **List Your Unexpired Personal Property Leases** Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases ☐ No Lessor's name: ☐ Yes Description of leased property: П No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: □No Lessor's name: ☐Yes Description of leased property: □No Lessor's name: □Yes Description of leased property: □No Lessor's name: Yes Description of leased property: ☐ No Lessor's name:

Part 3:

property:

Sign Below

Description of leased

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any

personal property that is subject to an unexpired lease.

Signature of Debtor 1

Date Dated: 10 102 12( ) 7

Signature of Debtor 2

Date \_\_\_\_\_

☐ Yes

### Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Maii

### DISCLAIMER DENTORS have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signers and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2

  YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District

  Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SUME OUR PETITION IS ACCURATE!!!

Dated: 10 / 02 /2017

Orlando Tramelle Rav

X Date & Sign

Case 17-29521 Doc 1 Filed 10/02/17 Entered 10/02/17 16:56:12 Desc Main Document Page 52 of 54

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Orlando Tramelle Ray / Debtor

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 10 102 12017

Orlando Tramelle Ray

X Date & Sign

Record # 753077

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Debtor 1 Page 53 of 5ase Number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation \$ 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:.... For you ..... For your spouse ..... Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. \$ 0.00 \$ 0.00 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line10c. 800.00 0.00 10a. Anticipated tax refund 0.00 0.00 10b. 10c. Total amounts from separate pages, if any. 800.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for each 4,329.50 \$ 0.00 4,329.50 column. Then add the total for Column A to the total for Column B Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: Copy your total current monthly income from line 11......Copy line 11 here 12a. 4,329.50 Multiply by 12 (the number of months in a year). x 12 12b. The result is your annual income for this part of the form. 12b. 51.954.00 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. IL Fill in the number of people in your household. 6 Fill in the median family income for your state and size of household. 108,016.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. X Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below lere, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. Orlando Tramelle Ra Date: 10 102 12017 If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

Filed 10/02/17 Entered 10/02/17 16:56:12

Desc Main

Case 17-29521

Orlando

Doc 1

Tramelle

Form B 201A, Notice to Consumer Debtor(s)

In re Orlando Tramelle Ray / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 10 / 02 /2017

Orlando Tramelle Ray

X Date & Sign

Dated: \_\_\_\_/2017

Attorney: Alex Wilson